E·D·A

U.S. ECONOMIC DEVELOPMENT ADMINISTRATION

SF-424 Form Overview

the Office of INNOVATION *and* ENTREPRENEURSHIP

October 2020

INNOVATION. REGIONAL COLLABORATION. JOB CREATION.

Today we are going to walk you through the SF-424 form. This video is hosted by the Office of Innovation and Entrepreneurship so some of the advice given here may only be applicable to our programs.

Pre-Application Actions

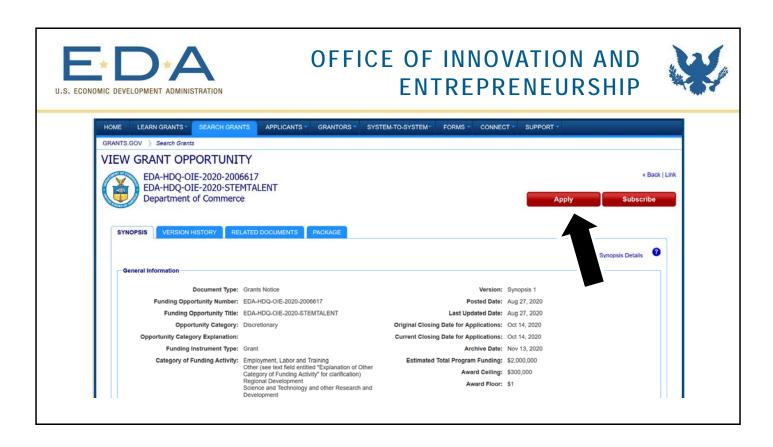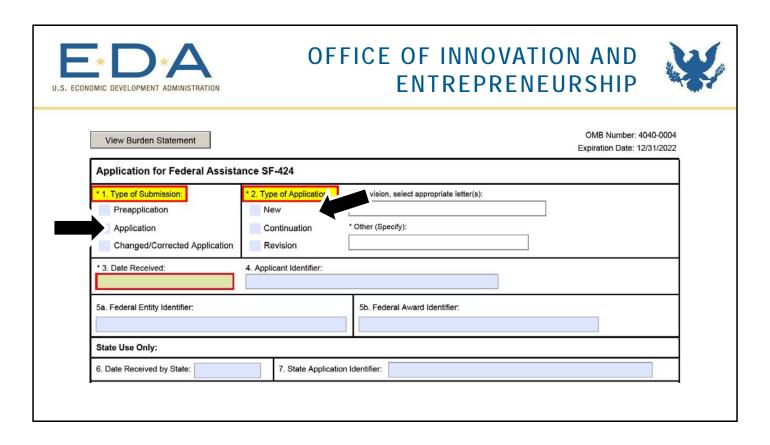| Obtain an EIN	Obtain a DUNS number	SAM Registration	Create a Grants.gov Username & Password
- Allow up to 5 weeks - Optional input for DUNS registration - Required input for System for Award Management (SAM) registration	- Allow 2 business days to complete the online request - Required input for SAM registration - *https://fedgov.dnb.com/webform/*	- Once the EIN is obtained, allow an additional 2 weeks to complete registration - Renew SAM registration annually - Designate EBiz POC - *https://sam.gov/SAM/*	- Allow 1 business day for SAM updates - EBiz POC assigns Authorized Organization Representative (AOR) - AOR initiates and submits the application

Before you begin the form, you should make sure your organization is up to date with all the pre-application requirements and you have them readily available. Your org should have an EIN number, a DUNS number or a UEI number (whichever the application requires), an active SAM registration, and a grants.gov username and password. Predicted timelines to acquire those have been laid out here on the screen.

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You will need all that information noted on the last slide to begin your "Grants.gov workspace". To do that, you will find the funding opportunity on grants.gov, click apply, and log in, you will see full grant application information. You will use the "workspace" feature within grants.gov to fill out the SF-424 form. **We recommend using the workspace for the specific application package (vs. downloading the form from the internet) as some of the fields may come pre-filled for that funding opportunity.**

For other questions about navigating Grants.gov, check out a list of resources on their site.

Before we get started, it is important to note that all RED boxes indicate a required field. If you do not fill out all these boxes, your application may be rejected.
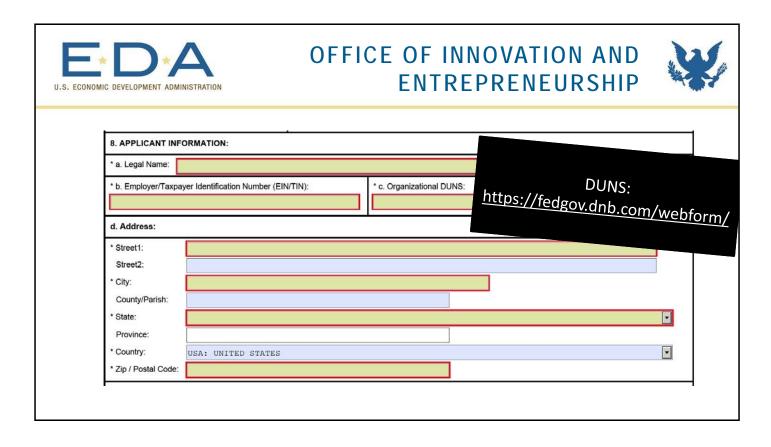
Let's start at the top. The first box, you would default to "application" unless specified on the NOFO or by an EDA staff member.

For box 2, If this is a new grant opportunity, you should check "new". If you were a grantee for this grant in a previous year, you would still click new since this would be a new project year. You would only click "continuation" box if you are already a grantee and are seeking a NCE or change to your grant that your program officer has directed you to do this.

#4 and #5 are easy…. unless directly specified by a staff at EDA, leave the Applicant identifier and Federal Entity Identifier blank.
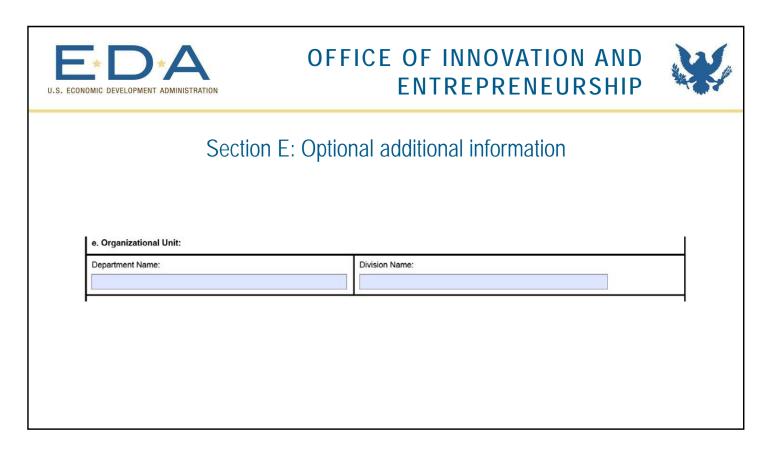
For the Federal Award Identifier, if you checked "new" in box 2, then leave this blank. (click) Only if you had checked "continuation" above, would you put something here and work with your program officer to confirm this number. (click)

#6 and #7 are also easy, these are not required fields, so you can leave them blank.

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8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):   * c. Organizational DUNS:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code:

DUNS: https://fedgov.dnb.com/webform/

8. Just to be clear, the rest of this page is asking for information for the applicant organization (not an individual). Legal name means name of your organization. These are required fields. Your EIN/TIN are 9-digit numbers assigned to your organization by the IRS. This could take a 5 week lead time if you don't have one so make sure to confirm this ASAP. (click) Your DUNS or UEI number is a different 9 digit global identification number. This can take upwards of 2 days to get. These are required for all OIE funding opportunities, so if your organization does not have one, you should apply as soon as possible on https://fedgov.dnb.com/webform/

Section D. Again, all this information is for the applicant organization. For the address, make sure to use the mailing address in which you would like to receive anything via mail related to this funding opportunity. PO boxes are allowed.

Section E: Optional additional information

e. Organizational Unit:

Department Name:	Division Name:

Section E - This is an optional field (so you can leave it blank if you wish) if you would like to further specify where this project will be homed within the organization

Section F: Primary Point of Contact

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:	* First Name:
Middle Name:	
* Last Name:	
Suffix:	
Title:	
Organizational Affiliation:	
* Telephone Number:	Fax Number:
* Email:	

F. the contact person listed here should be the main point of contact who is responsible for the grant and will oversee the program. If OIE has a question, this is who will be the first point of contact. All other information in this section (section F) should pertain to the named individual.

For the box titled "Organization affiliation", if the person whose name is listed in section F has a different organizational affiliation than the applicant organization at the top of the form, you can name that here. So for example, if the person responsible for the grant does not work at the applicant organization, you would name that here. If the named person has the same affiliation as the applicant organization, you can leave this blank.

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Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Government: State Government; County Government; City or Township Government; Special District Government; Regional Organization; U.S. Territory or Possession

Education: Independent School District; Public/State Controlled Institution of Higher Education; Hispanic-serving Institution; Historically Black Colleges and Universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Alaska Native and Native Hawaiian Serving Institutions; Private Institution of Higher Education

Tribal: Indian/Native American Tribal Government (Federally Recognized); Indian/Native American Tribal Government (Other than Federally Recognized); Indian/Native American Tribally Designated Organization; Public/Indian Housing Authority;

Non-Profit: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education); Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Other: Individual; For-Profit Organization (Other than Small Business); Small Business; Non-domestic (non-US) Entity; Other (specify)

9. Is a dropdown menu that is asking you to name the type of Applicant organization. (click) I would encourage you to reconfirm your organization's eligibility by referring to the NOFO's eligibility requirements. Make sure you accurately mark this, this is what will be reviewed to determine if your organization meets eligibility requirements for the funding opportunity. (click)

You will see that there are other sections below the one highlighted in red. (click) In Boxes labeled "Type of Applicant 2 or 3", these boxes apply to co-applicants. You would list the type of applicant for your co-applicants if you have them. Co-applicants are not a requirement unless directly stated in the NOFO but they are an option. If you are applying with a co-applicant, this is how we will know you have a co-applicant and that the reviewers should look for the additional required documentation for the co-applicant. Co-applicants will have to fill out their own SF 424 and would name the primary in this space on their form.

8

	Co-Applicant	Sub-Awardee	Contractor
Needs to complete a full application	✔	✘	✘
May be eligible to receive award disbursements directly from EDA	✔	✘	✘
Must be an eligible entity as described in the NOFO	✔	✔	✘
Performs all or a portion of project activities and generally has responsibility for program implementation	✔	✔	✘
Costs incurred may be attributed to the award (as consistent with the award, including the scope of work)	✔	✔	✔

To clarify, here is a quick checkbox showing the difference between funded project partners. Keep in mind, co-applicants are seen as equally responsible for program metrics.

10. Name of federal agency – This should be pre-populated by the application package, but please confirm this is correct and filled in with the agency which you are applying for funding to. For OIE grants, it should say Department of Commerce, Economic Development Administration

11. CFDA number – Should be pre-populated for the specific Funding opportunity but if not, it can be found on the funding opportunity page on grants.gov

12. Funding Opportunity number – should be pre-populated from the NOFO.

The title will likely not be pre-populated, so please copy the title of the grant opportunity from the NOFO.

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13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

5-Digit FIPS codes: https://www.census.gov/geo/reference/codes/cou.html

If using attachments, put "...." in the box

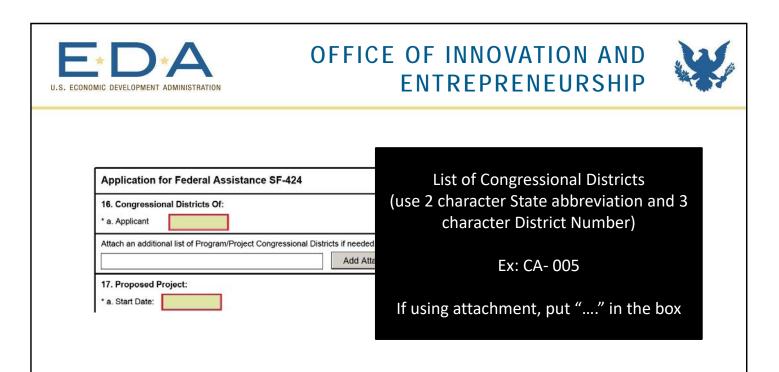Just a reminder, this video is specific to OIE programs.

13. Competition ID and title should be pre-populated.

14. Areas affected - This should list all areas that your proposed application will affect. Please check the NOFO for specificities on what qualifies as an "affected" area. Counties should be identified by both name and 5-digit FIPS codes. See https://www.census.gov/geo/reference/codes/cou.html.

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

| Add Attachments | Delete Attachments | View Attachments |

15. This is your organization's title for the proposed project. We would recommend using a descriptive title that tells you a little about the project as well.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

Attach an additional list of Program/Project Congressional Districts if needed

Add Atta

17. Proposed Project:

* a. Start Date:

List of Congressional Districts
(use 2 character State abbreviation and 3 character District Number)

Ex: CA- 005

If using attachment, put "…." in the box

16. Requires you to list Congressional districts

A. Applicant box is the congressional district of the applicant organization named in section 8 of this form

B. The program/project box should contain all the congressional districts for the service areas you noted in section 14 of this document.

Format is 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district. If you use an attachment, the box should autopopulate with the attachment name.

17. Your organization's proposed start date and end date should follow NOFO guidance.
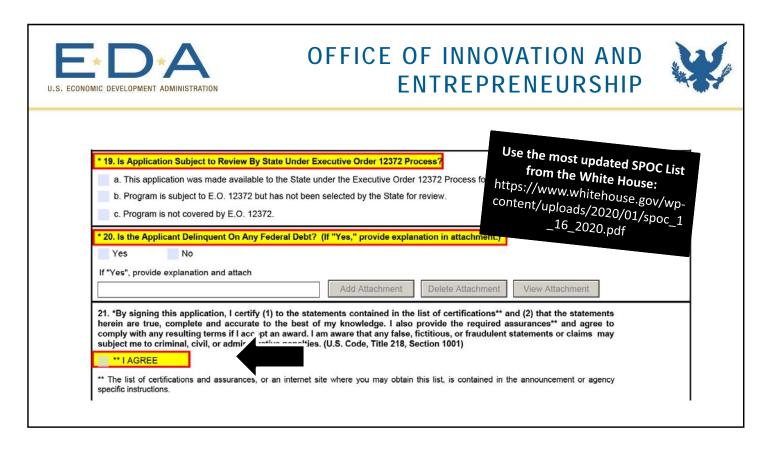
18. Estimated Funding ($):

* a. Federal	
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	

- Should match SF-424A and Budget Narrative
- Shows full project budget including any match requirements
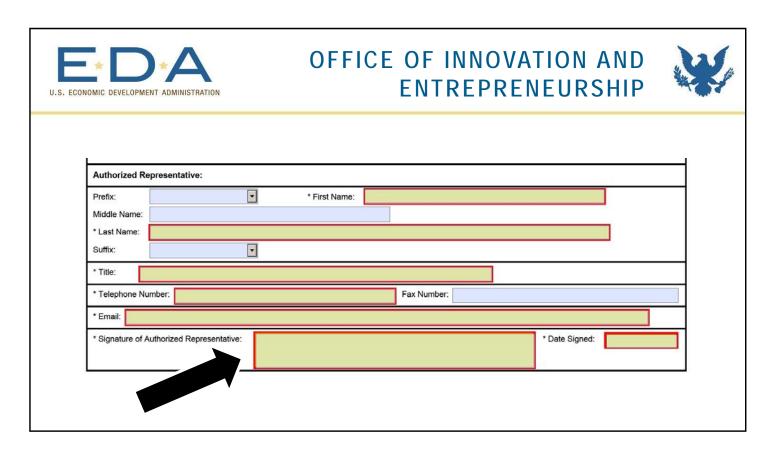- Check NOFO for match requirements

18. This should show the TOTAL project budget including grant funds, match requirements, and co-applicant budgets here. (click) Make sure you include your funding amount for this application under the "Federal" total. Make sure your budget listed here matches other application requirements, such as the SF-424A.

Use the most updated SPOC List from the White House: https://www.whitehouse.gov/wp-content/uploads/2020/01/spoc_1_16_2020.pdf

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

a. This application was made available to the State under the Executive Order 12372 Process fo

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes   No

If "Yes", provide explanation and attach

[   ] Add Attachment   Delete Attachment   View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Executive Order 12372 highlights the "intergovernmental Review of Federal Programs". (click) The White House puts out the State Point of Contact "SPOC" list which will name the states who are part of this process. (https://www.whitehouse.gov/wp-content/uploads/2020/01/spoc_1_16_2020.pdf) , please check if your state is on the list and select the appropriate checkbox. (click)

20. If your organization is delinquent on debt such as taxes, you will need to note that here and give reasoning.

21. Please read this section carefully and certify accuracy of this form

Your final task on this form is to name an Authorized Representative and sign!

This section applies to the individual's contact information (not the organization)

Authorized representative should be a signatory authority for the applicant organization and is someone who is authorized to make institutional decisions. Make sure they sign!

Congrats! You are done with the SF-424!