

Instructions for Completing the SF-424

Please note that States are required to submit an SF-424 for each funding allotment (i.e. one SF-424 for the Pandemic Unemployment Assistance funding; and a second SF-424 for the Pandemic Emergency Unemployment Compensation funding).

I. Application for Federal Assistance (SF-424)

Use the current version of the form for submission. Expired forms will not be accepted. SF-424, Expiration Date 12/31/2022, Office of Management and Budget (OMB) Control No. 4040-0004 (Grants.gov).

<http://www.grants.gov/web/grants/forms/sf-424-family.html>

Section # 8, APPLICANT INFORMATION:

- Legal Name: The legal name must match the name submitted with the System for Award Management (SAM). Please refer to instructions at <https://www.sam.gov>
- Employer/Tax Identification Number (EIN/TIN): Input your correct 9-digit EIN and ensure that it is recorded within SAM
- Organizational DUNS: All applicants for Federal grant and funding opportunities are required to have a 9-digit Data Universal Numbering System (D-U-N-S®) number, and must supply their D-U-N-S® number on the SF-424. Please ensure that your state is registered with the SAM. Instructions for registering with SAM can be found at <https://www.sam.gov>. Additionally, the state must maintain an active SAM registration with current information at all times during which it has an active Federal award or an application under consideration. To remain registered in the SAM database after the initial registration, there is a requirement to review and update the registration at least every 12 months from the date of initial registration or subsequently update the information in the SAM database to ensure it is current, accurate, and complete. Failure to register with SAM and maintain an active account will result in a rejection of your submission.
- Address: Input your complete address including Zipcode+4; Example: 20110-831. For lookup, use link at <https://tools.usps.com/go/ZipLookupAction!input.action>
- Organizational Unit: Input appropriate Department Name and Division Name, if applicable
- Name and contact information of person to be contacted on matters involving this application. Provide complete and accurate contact information including telephone number and email address for the point of contact

Section # 9, Type of Applicant 1: Select Applicant Type: Input “State Government”

Section # 10, Name of the Federal Agency: Input “Employment and Training Administration”

Section # 11, Catalog of Federal Domestic Assistance Number: Input “17.225”; **CFDA Title:** Input “Unemployment Insurance”

Section # 12, Funding Opportunity Number and Title:

- For Pandemic Unemployment Assistance Funding Allotment:
Input “UIPL No. 28-20, Pandemic Unemployment Assistance Fraud Investigation Activities Grants”
- For Pandemic Emergency Unemployment Compensation Funding Allotment:
Input “UIPL No. 28-20, Pandemic Emergency Unemployment Compensation Fraud Investigation Activities Grants”

Section # 13, Competition Identification Number: Leave Blank

Section # 14, Areas Affected by Project: Input the place of performance for the project implementation; Example “NY” for New York

Section # 15, Descriptive Title of Applicant’s Project:

- For Pandemic Unemployment Assistance Funding Allotment:
Input “UIPL No. 28-20, Pandemic Unemployment Assistance Fraud Investigation Activities Grants”
- For Pandemic Emergency Unemployment Compensation Funding Allotment:
Input “UIPL No. 28-20, Pandemic Emergency Unemployment Compensation Fraud Investigation Activities Grants”

Section # 16, Congressional Districts of:

- a. Applicant: Input the Congressional District of your home office. For lookup, use link at www.house.gov with Zipcode + 4
- b. Program/Project: Input the Congressional District where the project work is performed. If it is the same place as your home office, input the congressional district for your home office. For lookup, use link at www.house.gov with Zipcode+4

Section # 17, Proposed Project

- a. Start Date: Input a valid start date for the project (earliest start date will be July 1, 2020)
- b. End Date: Input a valid end date for the project (June 30, 2021)

Section # 18, Estimated Funding (\$):

Input the applicable funding allotment for each of the programs as listed for your state in Attachment I

Section #s 19 – 20: Complete as per instructions for Form SF-424

Section # 21, Authorized Representative: Please select the “I AGREE” check box and provide complete information for your authorized signatory including contact information such as telephone number and email address. If your Authorized Representative has changed from your previous application submission for this program, please include a letter from higher-level leadership authorizing the new signatory for the application submission

Remember to have the SF-424 signed and dated by the Authorized Representative