

Attachment III to UIPL No. 22-21, Change 2

Instructions for Completing the SF-424 and SF-424A

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 11/30/2025, Office of Management and Budget (OMB) Control No. 4040-0004 (Grants.gov).

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/SAM/>.
- **Employer/Tax Identification Number (EIN/TIN):** Input your correct 9-digit EIN and ensure that it is recorded within SAM.
- **Unique Entity Identifier (UEI):** Starting on April 4, 2022, the DUNS Number was replaced by a new, non-proprietary identifier requested in and assigned by the System for Award Management (SAM) at SAM.gov. This new identifier is being called the Unique Entity Identifier (UEI), or the Entity ID. To learn more about SAM's rollout of the UEI, please visit the U.S. General Service Administration (GSA), Unique Entity Identifier Update webpage. Before submitting, states must also ensure its registration with SAM.gov is current. (SAM replaced the Central Contractor Registry.) States can find instructions for registering with SAM at <https://sam.gov/content/entity-registration>. An awardee 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, states must review and update the registration at least every 12 months from the date of initial registration. 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: 20110-0831. For lookup, use link at https://tools.usps.com/go/ZipLookupAction_input.
- **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: Input “UIPL No. 22-21, Change 2, ARPA Fraud Prevention Grant 2023”.

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:

- Input “UIPL No. 22-21, Change 2, ARPA Fraud Prevention Grant 2023”.
- Additionally, input: “State attests to meeting the requirement to receive funding as described in IPL No. 22-21, Change 2.”

Section # 16, Congressional Districts of

- a. Applicant: Input the Congressional District of your home office. For lookup, use link at www.house.gov with Zip code + 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 Dates.

- a. Start Date: Input a valid start date for the project (earliest start date will be April 1, 2023).
- b. End Date: Input a valid end date for the project (December 31, 2025).

Section # 18, Estimated Funding (\$):

Input the applicable funding allotment 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.

Budget Information - Non-Construction Programs (SF-424A)

- Use the current version of the form for the submission. Expired forms will not be accepted. SF 424A, Expiration Date 02/28/2025, OMB Control No. 4040-0006 <https://apply07.grants.gov/apply/forms/sample/SF424A-V1.0.pdf>
- Section B – Budget Categories: Ensure that TOTALS in Section 6, Object Class Categories matches the Estimated Funding requested in the SF-424.
- If indirect charges are specified in Section 6, Object Class Categories, then include either:
 - (a) The approved indirect cost rate with a copy of the Negotiated Indirect Cost Rate Agreement (NICRA), a description of the base used to calculate indirect costs along with the amount of the base, and the total indirect costs requested; **OR**
 - (b) For those applicant states that meet the requirements to use the 10 percent de minimis rate as described in 2 C.F.R. 200.414(f), a description of the modified total direct cost base (*see* 2 C.F.R. 200.1 for definition) used in the calculation along with the amount of the base, and the total indirect costs requested based on the 10 percent de minimis rate.