

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

**Application for Federal Assistance (SF-424)**

**States must submit a *separate* SF-424 and SF-424A form for *each* grant opportunity contained within this UIPL.**

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://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):** On April 4, 2022, the DUNS Number was replaced by the Unique Entity Identifier (UEI), or the Entity ID, a non-proprietary identifier requested in and assigned by the SAM at SAM.gov. Before submitting, a state 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 the link at [https://tools.usps.com/go/ZipLookupAction\\_input](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 number and grant name as the following:

“UIPL No. 11-23 Integrity Grant 2023”; or

“UIPL No. 11-23 UI IT Modernization Grant 2023”; or

“UIPL No. 11-23 Tiger Team Grant”.

**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. This should be in the form of an attached document or PDF or entered into the field manually; it cannot be blank.

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

- Input the same UIPL number and grant name provided in Section # 12.
- Input: “State acknowledges and agrees that, prior to accessing any funding under this grant award and within the timeframe described in UIPL No. 11-23, State must submit the required amendments to the award, including all the components described as part of the Full Project Plan, cooperate in the resolution of any issues, and obtain final approval of the modified grant provided by the Grant Officer”.
- Additionally, input: “State acknowledges and agrees to provide all confidential UC information to DOL-OIG for purposes of investigating fraud and performing audits through weeks of unemployment ending on or before the end of the period of performance”.

**Section # 16, Congressional Districts of**

- a. Applicant: Input the Congressional District of your home office. For lookup, use link at [www.house.gov](http://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](http://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 for all three grant opportunities).
- b. End Date: Input a valid end date for the project (Integrity Grant 2023 and Tiger Team Grant will be December 31, 2025; IT Modernization Grant will be September 30, 2028).

**Section # 18, Estimated Funding (\$):** Input the applicable funding allotment as listed for your application.

**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.