

## Additional Guidance for Completing the SF-424 and SF-424A

### 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).  
<https://www.grants.gov/forms/forms-repository/sf-424-family>
- 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 the 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 the D-U-N-S® number on the SF-424. Please ensure that the 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 the submission.
  - Address: Input the complete address including ZIP Code + 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: Include the accurate Catalog of Federal Domestic Assistance Number for the applicable Funding Opportunity; Example: 17.225 for Unemployment Insurance
- Section # 12, Funding Opportunity Number and Title: Input the appropriate funding opportunity number and Title; Example: UIPL No. 1-17 – Health Coverage Tax Credit; TEGL 17-15 – WIOA Adult, Dislocated Worker and Youth

### Activities Program Allotments

- Section # 13, Competition Identification Number: Include the advisory reference number or appropriate funding opportunity number
- 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 the title of the Project
- Section # 16, Congressional Districts of:
  - Applicant: Input the Congressional District of the home office. For lookup, use link at [www.house.gov](http://www.house.gov) with ZIP Code + 4
  - Program/Project: Input the Congressional District where the project work is performed. If it’s the same place as the home office, input the congressional district for the home office. For lookup, use link at [www.house.gov](http://www.house.gov) with ZIP Code + 4
- Section # 17, Proposed Project
  - Start Date: Input a valid start date for the project
  - End Date: Input a valid end date for the project
- Section # 18, Estimated Funding (\$): Input the estimated funding requested. Ensure that the funding requested matches the TOTALS in Section B – Budget Categories of the SF-424A
- Complete Section #s 19 – 20 as per instructions in Form SF-424
- Section # 21, Authorized Representative: Input complete information for the authorized signatory including contact information such as telephone number and email address. Remember to get the SF-424 signed and dated by the Authorized representative. If the Authorized Representative has changed from the previous application submission for this program, please include a letter from a higher-level leadership authorizing the new signatory for the application submission.

### II. 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  
<http://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, 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% *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. 200.68 for definition) used in the calculation along with the amount of the base, and the total indirect costs requested based on the 10% *de minimis* rate