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## Grant Applicants

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#### Notices of Funding Opportunities

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#### How to Fill Out the SF-424S

The SF-424S is the "Application for Federal Domestic Assistance/Short Organizational Form" on Grants.gov.

#### Items 1-4 are automatically filled in by Grants.gov

#### Item 5. Applicant Information

**a. Legal Name:** Enter your organization's legal name as it appears in its SAM.gov registration. See grant Notice of Funding Opportunity for eligibility details. If your organization is eligible but does not have the authority to apply directly for funding, enter the name of the parent organization that is submitting the application on your organization's behalf. In that case, enter the name of your organization in the space provided for "Organizational Unit" on the Program Information Sheet, Question 1d.

**b. Address:** For Street1, enter your organization's street address or post office box number, whichever is used for its U.S. Postal Service mailing address. Street2 is not a required field and should be used only when a suite or room number or other similar information is part of the address.

In the ZIP+4/Postal Code box, enter the full nine-digit ZIP code assigned by the U.S. Postal Service. [Click here to retrieve your full ZIP code.](#)

**c. Web Address:** Enter the Web address of the legal applicant organization.

**d. Type of Applicant:** Select the one code that best characterizes your organization from the menu in the first dropdown box. Leave the other boxes blank.

**e. Employer/Taxpayer Identification Number (EIN/TIN):** Enter the Employer or Taxpayer Identification Number (EIN or TIN) assigned to your organization by the Internal Revenue Service.

**f. Organizational DUNS:** Enter your organization's D-U-N-S® Number received from Dun and Bradstreet. [Click here for guidance in obtaining a D-U-N-S® Number.](#)

**g. Congressional District:** Enter your organization's Congressional District. Use the following format: two-letter state abbreviation, followed by a hyphen, followed by a zero, followed by the two-digit district number. For example, if the organization is located in the 5th congressional district of California, enter "CA-005." For the 12th district of North Carolina, enter "NC-012." For states and territories with "At Large" congressional districts—that is, one representative or delegate represents the entire state or territory—use "001," e.g., "VT-001.

If your organization does not have a congressional district (e.g., it is located in a U.S. territory that does not have districts), enter "00-000." To determine your organization's district, [visit the House of Representatives website by clicking here](#) and using the "Find Your Representative" tool.

#### Item 6. Project Information

**a. Project Title:** Enter a brief descriptive title for your project. IMLS may use this title for public information purposes.

**b. Project Description:** Enter a brief description of your specific project, not your organization. Tell us what your project will do, for whom or what, and why. Use clear language that can be understood readily by readers who might not be familiar with the discipline or subject area. **Note: There is a 1,000 character limit (including spaces) for this section in Grants.gov! Your application may be rejected if you exceed this limit.**

**c. Proposed Project Start Date/End Date:** Enter the proposed start date and end date for your project in the format mm/dd/yyyy. Your project must begin on the first day of a month and end on the last day of a month, as directed in the program Notice of Funding Opportunities.

#### Item 7. Project Director

Enter the requested information for the person who will have primary responsibility for carrying out your project's activities. Please select a prefix, even though it is not required.

#### **Item 8. Primary Contact/Grants Administrator**

Enter the requested information for the individual who has primary responsibility for administering the grant. If the Primary Contact/Grants Administrator is the same as the Authorized Representative, please complete both Items 8 and 9.

In some organizations, particularly smaller ones, this individual may be the same as the Project Director. If this is the case, check the box and skip to Item 9.

#### **Item 9. Authorized Representative**

Enter the name and contact information of the person who has the authority to enter into legal agreements in the name of your organization. The Authorized Representative cannot be the same person as the Project Director. By checking the "I Agree" box at the top of Item 9, this individual certifies the applicant's compliance with relevant federal requirements (the [IMLS Assurances and Certifications](#)). IMLS will address written correspondence to the Authorized Representative whose information you enter in Item 9.

The "Signature of Authorized Representative" and "Date Signed" boxes will be automatically populated by Grants.gov upon submission of the application. This will be the person whose name was listed as your organization's Authorized Representative when you registered with Grants.gov. Please note that this name might not be the same as the name and other information you entered in Item 9 above; however, the person whose name appears in the "Signature of Authorized Representative" box must have authorization from your organization to submit this application on behalf of your organization. Submission of the electronic application acknowledges that your organization certifies compliance with relevant federal requirements, including but not limited to the [IMLS Assurances and Certifications](#), to the same extent as the signature does on a paper application.

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