INSTRUCTIONS FOR THE SF-424S

This is s standard form (including the continuation sheet) required for use as a cover sheet for submission of preapplications and applications and related information under discretionary programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). **Required items are identified with an asterisk (*) on the form and are specified in the instructions below**. In addition to the instructions provided below, applicants must consult agency instructions to determine specific instructions.

Item			Item	
1.	**Name of Federal Agency**: Pre-populated			g. **Congressional District of Applicant**: (Required): Enter the applicant's Congressional District. Enter in the format: 2 character State Abbreviation – 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district, NC-103 for North Carolina's 103rd district. If the applicant is outside the US, enter 00-000.
2.	**Catalog of Federal Domestic Assistance (CFDA) Number/Title**: Pre-populated			
3.	**Date Received**: Leave this field blank. This date will be used by the Federal Agency.			
4.	**Funding Opportunity Number/Title:** Pre-populated		6.	**Project Information**: Enter the following in accordance with agency instructions:
5.	**Applicant Information**: Enter the following in accordance with agency instructions:			a. ***Project Title**: (Required) Enter a descriptive title of the project.
	a. **Legal Name**: (Required) Enter the legal name of applicant that will undertake the assistance activity. This is the name that the organization has registered with the Central Contractor Registry. Information on registering with CCR may be obtained by visiting the Grants.gov website.			b. ***Project Description**: (Required) Enter a brief description of the project.
	b. **Address**: Enter the complete address as follows: Street address or P.O. Box (Line 1 required), City (Required), County, State (Required, if country is US), Province, Country/Parish (Required), nine-digit Zip/Postal Code (Required, if country is US).			c. **Proposed Project Start and End Dates**: (Required) Enter the proposed start date and end date of the project in the format mm/dd/yyyy.
	c. **Web Address**: Enter the website address or uniform record locator (URL) of the applicant organization.		7.	**Project Director**: Enter the name (First and last name required), title (Required), email, telephone number (Required) and fax number of the project director. Enter the complete address as follows: Street address (Line 1 required), City (Required), County/Parish, State (Required, if country is US), Province, Country (Required), nine-digit Zip/Postal Code (Required, if country is US).
	d. **Type of Applicant: Select Applicant Type Code(s)**: (Required) Select up to three applicant type(s) in accordance with agency instructions.			
	A. State Government B. County Government C. City or Township Government D. Special District Government E. Regional Organization F. U.S. Territory or Possession G. Independent School District H. Public/ State Controlled Institution of Higher Education I. Indian/ Native American Tribal Government (Federally Recognized) J. Indian/ Native American Tribal Government (Other than Federally Recognized) K. Indian/ Native American Tribally Designated Organization L. Public/ Indian Housing Authority M. Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	N. Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) O. Private Institution of Higher Education P. Individual Q. For-Profit Organization Other than Small Business) R. Small Business S. Hispanic-serving Institution T. Historically Black Colleges and Universities (HBCUs) U. Tribally Controlled Colleges and Universities (TCCUs) V. Alaska Native and Native Hawaiian Serving Institutions W. Non-domestic (non-US) Entity X. Other (specify)	8.	**Primary Contact/ Grants Administrator**: Check if this person is also the project director and skip to Item 9. If not the same, enter the name (First and last name required), title (Required), email, telephone number and fax number of the person to contact on matters related to this application. Enter the complete address as follows: Street address (Line 1 required), City (Required), County/Parish, State (Required, if country is US), Province, Country (Required), nine-digit Zip/Postal Code (Required, if country is US). If Primary Contact/Grants Administrator is same as Authorizing Official, please complete both 8 and 9.
			9.	**Authorizing Official**: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the name (First and last name required), title (Required), telephone number (Required), fax number and email address (Required) of the person authorized to sign for the applicant. A copy of the governing body's authorization for you to sign this application as the official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application). Signature of Authorized Representative completed upon submission to Grants.gov.
	e. **Employer/Taxpayer Identification Number (EIN/TIN)**: Required) Enter the Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.			
	f. **Organizational DUNS**: (Required) Enter the organization's 9 or 13 digit DUNS number received from Dun and Bradstreet. information on registering with CCR may be obtained by visiting the Grants.gov website.			