

# Instructions for the SF-424

## U.S. Fish and Wildlife Service

### International Affairs

This is a standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs. Required fields are specified in the instructions below.

For new applications, the SF-424 is required and should reflect the cumulative amount for the entire period of performance.

For amendment applications, the SF-424 is only required if the amount requested has changed since the original award was issued or if the original SF-424 did not have the cumulative amount for the entire period of performance.

#### **1. Type of Submission - required**

Select one type of submission in accordance with agency instructions:

- a. Pre-application
- b. Application
- c. Changed/Corrected Application – Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.

#### **2. Type of Application – required**

Select one type of application in accordance with agency instructions.

- a. New - An application that is being submitted to an agency for the first time.
- b. Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
- c. Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected, see options below:
  - A. Increase Award
  - B. Decrease Award
  - C. Increase Duration
  - D. Decrease Duration
  - E. Other (specify)
- d. If "Other" is selected, please specify in text box provided.

**3. Date Received** – Leave this field blank. This date will be assigned by the Federal Agency.

**4. Applicant Identifier** – Leave this field blank.

**5a. Federal Entity Identifier** – Leave this field blank.

#### **5b. Federal Award Identifier**

- a. For New Applications, leave blank.
- b. For a Continuation or Revision to an existing award, enter the previously assigned federal award identifier number.

- 6. **Date Received by State** – Leave this field blank.
- 7. **State Application Identifier** – Leave this field blank.
- 8. **Applicant Information**

Enter the following in accordance with agency instructions:

- a. Legal name (required) – enter the legal name of applicant that will undertake the assistance activity.
  - b. Employer/Taxpayer 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.
  - c. Organizational UEI (Required) - Enter the organization's Unique Entity Identifier (UEI). A UEI may be obtained by visiting the System for Award Management at [www.SAM.gov](http://www.SAM.gov).
  - d. Address – Enter required fields.
  - e. Organizational Unit - If applicable, enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
  - f. Name and contact information of person to be contacted on matters involving this application.
    - 1. Prefix
    - 2. Enter the first and last name (Required)
    - 3. Middle name
    - 4. Suffix
    - 5. Title
    - 6. Enter organizational affiliation if affiliated with an organization other than that in 7.a.
    - 7. Telephone number and email (Required)
    - 8. fax number
9. **Type of Applicant – Required**
- Select up to 3 applicant types 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. Non-profit
  - n. Private Institution of Higher Education
  - o. Individual
  - p. For-Profit Organization (other than small business)
  - q. Small Business

- r. Hispanic-serving Institution
  - s. Historically Black Colleges and Universities (HBCUs)
  - t. Tribally Controlled College and Universities (TCCUs)
  - u. Alaska Native and Native Hawaiian Serving Institutions
  - v. Non-US Entity
  - w. Other (specify)
- 10. Name of Federal Agency – required.**  
Enter the name of the federal agency from which assistance is being requested with this application.
- 11. Catalog of Federal Domestic Assistance Number/Title**  
Enter the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested, as found in the program announcement, if applicable.
- 12. Funding Opportunity Number/Title – required.**  
Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.
- 13. Competition Identification Number/Title – Leave this field blank.**
- 14. Areas Affected by Project – Leave this field blank.**
- 15. Descriptive Title of Applicant’s Project – required.**  
Enter a brief descriptive title of the project.
- 16. Congressional Districts Of – required.**
- a. Applicant - Enter the applicant’s congressional district.
  - b. Program/Project - Enter all district(s) affected by the program or project.
    - 1. Enter as **XX** (state abbreviation)-### (3-character district number). E.g., CA-005 for California 5<sup>th</sup> District
    - 2. If the program/project is outside of the U.S., enter 00-000.
- 17. Proposed Project Start and End Dates – required.**  
Enter the proposed start date and end date of the project.
- 18. Estimated Funding – required.**
- a. New applicants – Enter the amount requested or to be contributed by each contributor for the entire award duration.
  - b. Existing recipients – Enter cumulative amount for the entire award duration.
  - c. For Decreases – enclose the amounts in parentheses.
- 19. Is Application Subject to Review by State Under Executive Order 12372 Process? – required**  
Select Option C: Program is not covered by E.O. 12372
- 20. Is the Applicant Delinquent on any Federal Debt? – required**  
Select the appropriate box.
- a. This question applies to the applicant organization, not the person who signs as the authorized representative.
  - b. Categories of federal debt include, but may not be limited to delinquent audit disallowances, loans, and taxes.
  - c. If yes, include an explanation in an attachment.
- 21. Authorized Representative – required.**  
To be signed and dated by the authorized representative. Enter the required fields.

- a. 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).