

## Instructions for Completing SF424

Following are detailed instructions to guide you as you complete the SF424 form (also known as "Application for Federal Assistance SF-424). Information from this form will be used to pre-populate other forms, so complete it first!


**Please note: This is NOT a substitution for reviewing the instructions in the program announcement or agency application instructions!**

Section No. and Name	Information to Enter
<b>1. Type of Submission</b>	<ul style="list-style-type: none"> <li>• Pre-application - Instructed not to use unless specifically noted in FOA.</li> <li>• Application - Use this for all new applications.</li> <li>• Changed/Corrected Application – To be used only when correcting an application that failed system validations at the sponsor level; this is NOT a resubmission (amendment).</li> </ul>
<b>2. Type of Application</b>	<p>Select one type of application as instructed by your sponsor. Some guidance:</p> <ul style="list-style-type: none"> <li>• <b>New</b> An application being submitted to an agency for the first time</li> <li>• <b>Continuation</b> A non-competing application for an additional funding/budget period within a previously approved project period.</li> <li>• <b>Revision</b> An application that proposes a change in: 1) the Federal Government's financial obligations or contingent liability from an existing obligation; or, 2) any other change in the terms and conditions of the existing award.               <ul style="list-style-type: none"> <li>A. Increase Award</li> <li>B. Decrease Award</li> <li>C. Increase Duration</li> <li>D. Decrease Duration</li> <li>E. Other (specify) (<i>If "Other" is selected, please specify in text box provided</i>)</li> <li>AC. Increase Award, Increase Duration</li> <li>AD. Increase Award, Decrease Duration</li> <li>BC. Decrease Award, Increase Duration</li> <li>BD. Decrease Award, Decrease Duration</li> </ul> </li> </ul>
<b>3. Date Received</b>	Leave this field blank; completed by Grants.gov upon submission.
<b>4. Applicant Identifier</b>	Leave blank
<b>5. a. Federal Entity Identifier</b>  <b>b. Federal Award Identifier</b>	<p>Generally, leave blank; if instructed, enter the number assigned to our organization by the Federal Agency</p> <ul style="list-style-type: none"> <li>• <b>New:</b> Leave blank.</li> <li>• <b>Continuation or Revision to an existing award:</b> Enter previously assigned Federal Award Identifier.</li> <li>• <b>Corrected Application:</b> Enter the federal award identifier in accordance with Agency Instructions               <ul style="list-style-type: none"> <li>○ <b>PHS Agencies:</b> If a grant number already exists for a grant application (i.e., a renewal, revision, or resubmission) the federal identifier <i>will always be the grant number</i>, even if you are submitted a changed corrected application; e.g., if the grant number is 1 R01 CA123456-01, you would enter CA123456 as the federal identifier)</li> <li>○ <b>ALL Applications: Always check your FOA or instructions for specific formatting!</b></li> </ul> </li> </ul>
<b>6. Date Received by State</b>	Leave this field blank. This date will be assigned by the State, if applicable.
<b>7. State Application Identifier</b>	Leave this field blank. This date will be assigned by the State, if applicable.

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<b>8. Applicant Information</b>	<p>This section contains information about the applicant organization (i.e.: Stanford University)</p> <p>a. <b>Legal Name</b> Must be entered exact:  <span style="color: red;">“Board of Trustees of the Leland Stanford Junior University”</span></p> <p>b. <b>Employer Identification</b> (<i>this is our Federal Taxpayer Identification Number</i>)</p> <ul style="list-style-type: none"> <li>• Use: 941156365 for all applications <b>except</b> those for DHHS agencies (NIH, CDC, FDA, etc.)</li> <li>• DHHS Agencies (using Version 2 forms) use: 1941156365A1</li> </ul> <p>c. <b>DUNS Number</b> Enter this DUNS number in this format: 009214214 (don't add dashes or zeros, Grants.gov will reformat to look like: 0092142140000)</p> <p>d. <b>Address:</b> Use address as specified below:</p> <ul style="list-style-type: none"> <li>○ <b>School of Medicine Use:</b> 301 Ravenswood Avenue Menlo Park, CA 94025-3434</li> <li>○ <b>All Other Schools Use:</b> 340 Panama St. Stanford, Santa Clara County, CA 94305-4100</li> </ul> <p>e. <b>Organizational Unit</b></p> <ul style="list-style-type: none"> <li>○ <b>Department Name</b> <ul style="list-style-type: none"> <li>▪ <b>School of Medicine:</b> Research Management Group (RMG)</li> <li>▪ <b>All Other Schools:</b> Office of Sponsored Research (OSR)</li> </ul> </li> <li>○ <b>Division Name:</b> Enter your school affiliation; (e.g., School of Engineering, School of Medicine, School of Education, School of Humanities &amp; Sciences (or H&amp;S), etc.)</li> </ul> <p>f. <b>Name and contact information of person to be contacted on matters involving this application:</b></p> <ul style="list-style-type: none"> <li>○ First/Last Name: This is the Institutional Representative from OSR Or RMG</li> <li>○ Title: <ul style="list-style-type: none"> <li>▪ <b>OSR:</b> Contract &amp; Grant Officer</li> <li>▪ <b>RMG:</b> Research Process Manager</li> </ul> </li> <li>○ Organizational Affiliation: <b>Stanford University</b></li> <li>○ Phone, Fax and email address (<i>phone and email are required</i>) – If you are unsure of your Inst. Rep's. Information, check the web <a href="http://ora.stanford.edu/grantsgov/contacts.asp">http://ora.stanford.edu/grantsgov/contacts.asp</a>.</li> </ul>
<b>9. Type of Applicant</b>	<p>Always choose <b>Private Institution of Higher Education</b> (often choice O. on the dropdown menu, but may be different)</p> <p>There is room for three choices, but you only need choose one.</p>
<b>10. Name of Federal Agency</b>	<p>Name of the granting agency - this should pre-populate based on the FOA</p>

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<b>11. Catalog of Federal Domestic Assistance Number</b>	This is the CFDA Number and Title, and should pre-populate based on the FOA
<b>12. Funding Opportunity Number</b>	The FON and Title should pre-populate based on the FOA
<b>13. Competition Identification Number</b>	The Competition ID Number and Title should pre-populate based on the FOA
<b>14. Areas affected by the Project</b> <i>(cities, counties, states, etc.)</i>	List the areas or entities using the categories (e.g.: cities, counties or states) listed in the agency instructions. For example, if the research is taking place locally, you could enter "Stanford University", "Santa Clara County", or "State of California". If, for example, the research was on the study of the effects of Hurricane Katrina, the entry might be "State of Louisiana". Use the continuation sheet to enter additional areas, if needed. <b>School of Medicine: Enter N/A</b>
<b>15. Descriptive Title of Applicant's Project</b>	<ul style="list-style-type: none"> <li>Enter the PIs title of the project – ~240 characters allowed <b>but check your instructions-some sponsors have limitations</b> (e.g., NIH only allows 81 characters).</li> <li>If the sponsor indicates, attach supporting documents using the  button.</li> </ul>
<b>16. Congressional Districts</b>	a. Applicant: CA-014 b. Project: Enter CA-014 if the research is being performed locally; if elsewhere, enter the district of the location of research (find other districts online: <a href="http://www.nationalatlas.gov/printable/congress.html#list">http://www.nationalatlas.gov/printable/congress.html#list</a> ) <ul style="list-style-type: none"> <li>If all of a state or the US enter the State or US-all (e.g.: CA-all, or US-all)</li> <li>If out of the country, enter 00-000</li> <li>If there are multiple project locations, add an attachment listing the congressional district of each location.</li> </ul>
<b>17. Proposed Project</b>	Enter the proposed Start and End dates of the project
<b>18. Estimated Funding (\$)</b>	a. Federal: Enter the estimated federal funds for this project b. Applicant: Enter the amount requested for this application c. State: Enter the estimated state funds for this project d. Local: Enter estimated local funds requested for this project e. Other: Enter any other funds requested for this project f. Estimated Program Income: If you estimate this project will result in program income, enter the anticipated amount. For additional information on program income, check the ORA website: <a href="http://ora.stanford.edu/ora/rapc/prog_income.asp">http://ora.stanford.edu/ora/rapc/prog_income.asp</a> g. TOTAL: This will calculate automatically.
<b>19. Is Application Subject to Review by State Executive Order 12372 Process?</b>	Most of the time the answer will be <b>c. Program is not covered by E.O. 12372</b>  If a program is subject to state review under <b>Executive Order 12372</b> , the program announcement should clearly state so. If you have questions on this, you can check these websites: <ul style="list-style-type: none"> <li><a href="#">Definition of Executive Order 12372</a></li> <li><a href="#">State Single Point of Contact (SPOC)</a></li> </ul>

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Section No. and Name	Information to Enter
<b>20. Is the applicant Delinquent On Any Federal Debt?</b>	Select "NO"
<b>21. By signing this...  Authorized Representative</b>	<p>These are the certifications and assurances. The box must be checked.</p> <p>Enter your Institutional Representative's name again, including: title, telephone, and email address. The "signature" will be electronically applied when the Institutional Representative clicks the <input type="button" value="Save &amp; Submit"/> button and submits the final application to Grants.gov.</p>
<b>Applicant Federal Debt Delinquency Explanation</b>	You will not need to fill this out since you checked "NO" in Box 20 above.

When the SF424 form is complete, scroll up to the Grant Application Package header page and click the  button.