

## Appendix 1

### Instructions for Completing Federal Assistance Application Forms

Organizations applying for funding from the U.S. federal government must complete two standard Federal Assistance Application Forms (SF-424 and SF-424a) to be considered for funding. In this appendix you will find instructions for completing each form and a sample showing how an applicant may complete the forms.

#### SF-424—Application for Federal Assistance

The SF-424—Application for Federal Assistance collects basic information on the applicant, the proposed project, the funding amount requested, and information about the announcement to which you are applying. Below, please find instructions on how to complete each of section of the form.

#### *Instructions to Complete the SF-424 Form*

**Column #1—Type of Submission:** Select “Application”

**Column #2—Type of Application:** Select “New”

**Column #3 - #4—Date Received/Applicant Identifier:** Leave blank

**Column #5 - #7—Federal Entity Identifier/Federal Award Identifier:** Leave blank

**Column #8—Applicant Information:**

**8a** – Input your organization’s legal name

**8b** – Enter “44-4444444”

**8c** – If you have one, enter your organization’s DUNS number.

**8d** – Enter your organizations address including country

**8e** – If applicable, enter the name of a department or division of your organization that will coordinate the proposed activities.

**8f** – Name of the project person to contact about this application.

**Column #9—Type of Applicant** - Please input all that apply. **NOTE:** In most cases, “V. Non-Domestic (non-US entity)” will apply.

H. Public/State Controlled Institution of Higher Learning

M. Nonprofit

N. Private Institution of Higher Learning

P. For Profit

V. Non-domestic (non-US entity)

W. Other (Specify)

**Column #10—Name of Federal Agency:** Input – “Bureau of Near Eastern Affairs, Office of the Middle East Partnership Initiative”

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**Column #11—Catalog of Federal Domestic Assistance Number and Title:** Input – “19.500” and the title is “Middle East Partnership Initiative (MEPI).” This is a required field.

**Column #12—Funding Opportunity Number and Title:** Input the number “NEAPI-11-AW-037-MENA-100111” and the title “MEPI Local Grants Annual Program Statement.”

**Column #13—Competition Identification Number and Title:** Leave Blank

**Column #14—Areas Affected by Project:** List country or countries where your organization proposes to perform its proposed activities. For applicants proposing projects for a range of countries in the Middle East and North Africa please input “MENA region.”

**Column #15—Descriptive Title of Applicant’s Project:** Enter a brief descriptive title of your project.

**Column #16—Congressional Districts**

**16a – Applicant:** Enter “00-000.”

**16b – Program/Project:** Enter “00-000.”

**Column #17—Proposed Project:** Enter the proposed start date and end date of your project. This is a required field; however, actual dates will be negotiated if selected for funding.

**Column #18—Estimated Funding**

**18a –** Enter the amount of funding your organization is requesting from MEPI (Federal funding).

**18b –** Enter the amount of any Non-Federal (e.g. non-U.S. Government) resources that will be used to support the project. This includes cost sharing and matching. (i.e., the total sum your organization will provide in funding or kind.) If you have no cost sharing or match your application will not be affected adversely.

**18c-d –** Enter \$0.00

**18e –** Enter \$0.00

**18f –** Enter \$0.00

**18g –** Total all the numbers from 18a-18f

**Column #19—Is Application subject to Review by State Under Executive Order 12372 Process?** Select “c. Program is not covered by E.O. 12372”

**Columns #20—Is Applicant Delinquent of any Federal Debt.** In other words, do you owe the U.S. government money? Please select Yes/No. If yes, please provide an explanation.

**Column # 21 – Authorized Representative:** By checking box 21 and signing the SF-424 you are certifying that the information in the 424 form is complete and accurate to the best of your knowledge **and** that you agree to comply with the required assurances and certifications provided at the end (page 12) of this document.

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Please provide the name, contact information, and signature of the authorized representative for your organization. The governing body of your organization must have specifically documented the designation for an authorized representative (see definition below) to submit an application for funding to the U.S. Government. If selected for funding this documentation may be requested. **PLEASE NOTE:** It is a best practice to have the SF-424 signed by the same authorized representative that would sign any ensuing award document for your organization.

**Authorized Organization Representative (AOR):** The individual authorized to act on behalf of the applicant and assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or awards. The AOR is typically the chairperson, president, or chief executive of your organization.

SAMPLE