

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

Appendix 1

Sample of a Completed SF-424 Form

Below is a completed SF-424 for you to use as reference. The funding numbers provided is based on the budget example you can find in Appendix 3.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify): _____ <input type="checkbox"/> Revision
* 3. Date Received:	4. Applicant Identifier:
5a. Federal Entity Identifier:	*5b. Federal Award Identifier:
State Use Only:	
6. Date Received by State:	7. State Application Identifier:
8. APPLICANT INFORMATION:	
*a. Legal Name: Organization X	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 44-4444444	*c. Organizational DUNS:
d. Address:	
*Street 1: 23 rd Street, Building 25	
Street 2: _____	
*City: Cairo	
County/Parish: _____	
*State: _____	
Province: _____	
*Country: Egypt	
*Zip / Postal Code: 11522	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr. *First Name: John	
Middle Name: _____	

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*Last Name: Doe	
Suffix:	
Title: Project Coordinator	
Organizational Affiliation:	
*Telephone Number: 202-1-345-657	Fax Number: 202-1-345-258
*Email: jdoe123@organizationx.com	

Application for Federal Assistance SF-424	
9. Type of Applicant 1: Select Applicant Type: N. Nonprofit without 501C3 Status Type of Applicant 2: Select Applicant Type: W. Non-domestic (non-US entity) Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Bureau of Near Eastern Affairs, Office of the Middle East Partnership Initiative	
11. Catalog of Federal Domestic Assistance Number: 19.500 CFDA Title: Middle East Partnership Initiative (MEPI)	
*12 Funding Opportunity Number: NEAPI-11-AW-037-MENA-100111 *Title: MEPI Local Grants Annual Program Statement	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Egypt	
*15. Descriptive Title of Applicant's Project: Legal Rights Education Project in Egypt	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 00-000	*b. Program/Project: 00-000

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17. Proposed Project:	
*a. Start Date: 01-01-2011	*b. End Date: 01-01-2012
18. Estimated Funding (\$):	
*a. Federal	\$ 125805
*b. Applicant	\$ 66192
*c. State	\$ 0.00
*d. Local	\$ 0.00
*e. Other	\$ 0.00
*f. Program Income	\$ 0.00
*g. TOTAL	\$ 191997
*19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on ____	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes", provide explanation and attach.	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)	
<input checked="" type="checkbox"/> ** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.	
Authorized Representative:	
Prefix: Mr.	*First Name: James
Middle Name:	
*Last Name: Doe	
Suffix:	
*Title: President	
*Telephone Number: 202-1-345-657	Fax Number: 202-1-345-258
* Email: jamesdoe@organziationx.com	
*Signature of Authorized Representative: 	*Date Signed: