

Instructions for organizations for the SF-424 Application Form

Please check all boxes or enter information in all fields apart from the ones marked “To be filled out by U.S. Embassy Stockholm.”

➤ Box 1: Check “Application”

*1. Type of Submission:	
<input type="checkbox"/>	Preapplication
<input type="checkbox"/>	Application
<input type="checkbox"/>	Changed/Corrected Application

➤ Box 2: Check “New”

*2. Type of Application		* If Revision, select appropriate letter(s)
<input type="checkbox"/>	New	<input type="checkbox"/>
<input type="checkbox"/>	Continuation	*Other (Specify)
<input type="checkbox"/>	Revision	<input type="checkbox"/>

➤ Boxes 3-7 to be filled out by U.S. Embassy Stockholm.

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:

➤ Box 8a: Write the name of your organization

8. APPLICANT INFORMATION:
*a. Legal Name:

➤ Box 8b: N/A

*b. Employer/Taxpayer Identification Number (EIN/TIN):
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➤ Box 8c: Your organization’s DUNS number if you have one. If not, instructions on how to apply for one will be provided should your grant request be approved.

*c. Organizational DUNS:

➤ Box 8d: Your organization’s full address including postal code.

d. Address:

➤ Box 9: To be filled out by U.S. Embassy Stockholm

Application for Federal Assistance SF-424

*9. Type of Applicant 1: Select Applicant Type:
A. State Government

Type of Applicant 2: Select Applicant Type:
A. State Government

Type of Applicant 3: Select Applicant Type:
A. State Government

*Other (Specify)

➤ Box 10: Write "Department of State, U.S. Embassy Stockholm"

*10 Name of Federal Agency:

➤ Box 11: To be filled out by U.S. Embassy Stockholm

*11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

➤ Boxes 12 and 13: If you are applying for a solicited grant, please include the Funding Opportunity Number and the Competition Identification Number, which are listed in the request for proposals. If you are applying for an unsolicited grant, please leave blank.

*12 Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

➤ Boxes 16 a. and b.: U.S. applicants please complete. Foreign applicants please leave blank.

16. Congressional Districts Of:

*a. Applicant: _____ *b. Program/Project: _____

➤ Box 18: Please provide an estimation of the requested funds in U.S. Dollars. If funds should be provided in SEK, please indicate that and the amount on the supplementary grant budget form.

➤ Box 18a: List here the amount requested from U.S. Embassy Stockholm

➤ Box 18b: List here any funding contribution being made from applicant funds

➤ Box 18c & d: N/A

➤ Box 18e: List here any funding expected from other partners

➤ Box 18f: List here any revenues expected from the sales of tickets or other sources directly related to the project or event.

➤ Box 18g: List here the total amount (boxes a through f)

18. Estimated Funding (\$):

*a. Federal

*b. Applicant

*c. State

*d. Local

*e. Other

*f. Program Income

*g. TOTAL

➤ Boxes 19-20: To be filled out by U.S. Embassy Stockholm.

<p>*19. Is Application Subject to Review By State Under Executive Order 12372 Process?</p> <p><input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on _____</p> <p><input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.</p> <p><input type="checkbox"/> c. Program is not covered by E. O. 12372</p>
<p>*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

➤ Box 21: Check "I AGREE" and please sign and enter all of the requested information.

<p>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)</p> <p><input type="checkbox"/> ** I AGREE</p> <p>↑ 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</p>
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