

Instructions for Completing the SF424 Grant Application Form ASC Grant Applications

Use these instructions to complete the SF424 form from the ASC website Grants tab. When you complete the form save it, print it for signature by your Authorized Representative, attach the required program narrative, and scan it for submission to ASC as the cover page to your application narrative.

Part I: SF424 Form Instructions

Item	Instructions for Entry
1	Type of Submission: (Required) Check the box labeled "Application"
2	Type of Application: (Required) Check the box labeled "New"
3	Date Received: Leave this field blank. This date is assigned by the federal agency.
4	Applicant Identifier: Leave this field blank
5a	Federal Entity Identifier: Leave this field blank
5b	Federal Award Identifier: Leave this field blank
6	Date Received by State: Leave this field blank
7	State Application identified: Leave this field blank
8	<p>Application Information</p> <ul style="list-style-type: none"> a. Legal Name: (Required) Enter the legal name of the applicant that will undertake the assistance activity. b. Employer/Taxpayer Number (EIN/TIN): (Required) Enter either the EIN or TIN as assigned by the Internal Revenue Service. If your organization is not in the U.S., enter 44-4444444 c. Organization DUNS: (Required) Enter the organization's DUNS or DUNS+4 number received from Dun and Bradstreet. d. Address: Enter the complete address as follows: Street address (Line 1 required), City (Required), State (Required, select from menu) Zip/Postal Code (Required, if country is U.S.) e. Department Unit: Enter the name of the primary organizational unit (and department or division, if applicable, that will undertake the assistance activity, if applicable. f. Name and contact information of person to be contracted on matters involving this application: (Required) Enter the first and last name of the person to contact on matters related to this application and organization. Required information includes daytime telephone number and email address.
9	Type of Applicant: (Required) Select the correct organization type from the list.
10`	Name of Federal Agency: (Required) Enter The Appraisal Subcommittee
11	Catalogue of Federal Domestic Assistance Number: Enter the CFDA number as reported on the Notice of Funding Availability
12	Funding Opportunity Number: Leave this field blank
13	Competition Identification Number/Title: Enter the Funding Opportunity Title on the

	Notice of Funding Availability
14	Area Affected by Project: List the areas or entities affected by the project (<i>e.g. cities, counties, states, etc.</i>)
15	Descriptive Title of Applicant's Project: (Required) Enter a brief descriptive title of the project.
16	Congressional Districts: (Required) In 16a, enter the applicant's congressional district. In 16 b, enter all district(s) affected by the program. Enter in this format: State abbreviation-3 digit District number, <i>e.g. CA-005 for California 5th District</i> . If all congressional districts in a state are affected, enter "all" for the district number, <i>e.g. MD-all for all congressional districts in Maryland</i> . If nation-wide, enter US-all.
17	Proposed Project Start and End Dates: (Required) Enter the proposed start and end dates for the project in the format MM/DD/YYYY.
18	Estimated Funding: (Required) Enter the amount requested from ASC on Line a. On Lines b – f enter any state, local or other funding to be contributed during the first funding/budget period by each contributor, if applicable.
19	Is Application Subject to Review by State under Executive Order 12372 Process? Select c, "Program is not covered by 12372."
20	Is the Applicant Delinquent on any Federal Debt? (Required) Select the appropriate box. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include, but may not be limited to: delinquent audit disallowances, loans and taxes. If yes, include an explanation in an attachment
21	Certification: (Required) You must read the certification and check the "Agree" box.
22	Authorized Representative: (Required) To be signed and dated by the authorized representative of the applicant organization. Enter the following required information: first and last name, title, telephone number and email address of the person authorized to sign for the other contact information if applicable. Complete other information if applicable. 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.