

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF-424 R&R Multi-Project Cover
Form Version Number	1.0
OMB Number	4040-0001
OMB Expiration Date	10/31/2019

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Type of Submission	Optional	Select One
2.	Date Submitted	Optional	Enter the date the application is submitted to Federal agency (or State if applicable).
2.	Applicant Identifier	Optional	Enter the applicant's control number (if applicable)
3.	Date Received By State	Optional	Enter the date received by state (if applicable).
3.	State Application Identifier	Optional	Enter the state application identifier (if applicable).
4.a.	Federal Identifier	Optional	New project applications should leave this field blank, unless you are submitting a changed/corrected application. When submitting a changed/corrected "New" application, enter the Grants.gov tracking number. If this is a continuation, revision, or renewal application, enter the assigned Federal Identifier number (for example, award number)--even if submitting a changed/corrected application.
4.b.	Agency Routing Identifier	Optional	Enter the agency-assigned routing identifier per the agency-specific instructions.
4.c.	Previous Grants.gov Tracking ID	Optional	Enter previous Grants.gov tracking number, if applicable.
5.	Applicant Information	Optional	Section label.

Field Number	Field Name	Required or Optional	Information
5.	Organizational DUNS	Optional	Enter the DUNS or DUNS+4 number of the applicant organization.
5.	Legal Name (Applicant Organization)	Optional	Enter the legal name of the applicant.
5.	Department (Applicant Organization)	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity.
5.	Division (Applicant Organization)	Optional	Enter the name of primary organizational division, office, or major subdivision which will undertake the assistance activity.
5.	Applicant Address	Optional	
5.	Street Address Line 1 (Applicant Organization)	Optional	Enter first line of the street address for the applicant in "Street1" field.
5.	Street Address Line 2 (Applicant Organization)	Optional	Enter second line of the street address for the applicant in "Street2" field.
5.	City (Applicant Organization)	Optional	Enter the city for address of applicant.
5.	County (Applicant Organization)	Optional	Enter the county/parish of applicant.
5.	State (Applicant Organization)	Optional	Enter the State where the applicant is located.
5.	Province (Applicant Organization)	Optional	Enter the Province.
5.	Country (Applicant Organization)	Optional	Select the country for the applicant address.
5.	Zip / Postal Code (Applicant Organization)	Optional	Enter the nine-digit Postal Code (e.g., ZIP code) of the applicant.
5.	Person to be Contacted Text	Optional	
5.	Prefix (Contact Person)	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the person to contact on matters related to this application.
5.	First Name (Contact Person)	Optional	Enter first (given) name of the person to contact on matters related to this application.

Field Number	Field Name	Required or Optional	Information
5.	Middle Name (Contact Person)	Optional	Enter the middle name of the person to contact on matters related to this application.
5.	Last Name (Contact Person)	Optional	Enter the last (family) name of the person to contact on matters related to this application.
5.	Suffix (Contact Person)	Optional	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the person to contact on matters related to this application.
5.	Position/Title (Contact Person)	Optional	Enter the position/title of the person to contact on matters related to this application.
5.	Street Address Line 1 (Contact Person)	Optional	Enter first line of the street address of the person to contact on matters related to this application.
5.	Street Address Line 2 (Contact Person)	Optional	Enter second line of the street address of the person to contact on matters related to this application.
5.	City (Contact Person)	Optional	Enter the city for address of the person to contact on matters related to this application.
5.	County (Contact Person)	Optional	Enter the county/parish for address of the person to contact on matters related to this application.
5.	State (Contact Person)	Optional	Enter the State of the person to contact on matters related to this application.
5.	Province (Contact Person)	Optional	Enter the Province.
5.	Country (Contact Person)	Optional	Select the country of the person to contact on matters related to this application.
5.	Zip / Postal Code (Contact Person)	Optional	Enter the nine-digit Postal Code (e.g., ZIP code) of the person to contact on matters related to this application.
5.	Phone Number (Contact Person)	Optional	Enter the daytime phone number for the person to contact on matters related to this application.

Field Number	Field Name	Required or Optional	Information
5.	Fax Number (Contact Person)	Optional	Enter the fax number for the person to contact on matters related to this application.
5.	Email (Contact Person)	Optional	Enter the e-mail address for the person to contact on matters related to this application.
6.	Employer Identification	Optional	Enter either TIN or EIN as assigned by the Internal Revenue Service. If your organization is not in the US, enter 44-4444444.
7.	Type of Applicant	Optional	Select from the menu or enter the appropriate letter in the space provided. If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged.
7.	Type of Applicant Other Explanation	Optional	Complete only if "Other" is selected as the Type of Applicant.
7.	Small Business Type Women Owned	Optional	Check if you are a women-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.
7.	Small Business Type Socially and Economically Disadvantaged	Optional	Check if you are a socially and economically disadvantaged small business, as determined by the U.S. Small Business Administration pursuant to section 8(a) of the Small Business Act U.S.C. 637(a).
8.	Type of Application	Optional	Section label.
8.	Increase Award	Optional	If a revision mark the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other If "Other" is selected, please specify in text box provided. May select more than one.

Field Number	Field Name	Required or Optional	Information
8.	Decrease Award	Optional	If a revision mark the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other If "Other" is selected, please specify in text box provided. May select more than one.
8.	Increase Duration	Optional	If a revision mark the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other If "Other" is selected, please specify in text box provided. May select more than one.
8.	Decrease Duration	Optional	If a revision mark the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other If "Other" is selected, please specify in text box provided. May select more than one.
8.	Other	Optional	If a revision mark the appropriate box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other If "Other" is selected, please specify in text box provided. May select more than one.
8.	Other Explanation	Optional	If "other" is selected for Revision, add text to explain.
8.	Submitted to Other Agencies	Optional	
8.	What Other Agencies	Optional	Enter Agency name.
9.	Name of Federal Agency	Optional	Name the Federal agency from which assistance is being requested with this application.
10.	Catalog of Federal Domestic Assistance Number	Optional	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

Field Number	Field Name	Required or Optional	Information
10.	CFDA Title	Optional	Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
11.	Descriptive Title of Applicant's Project	Optional	Enter a brief descriptive title of the project.
12.	Start Date	Optional	Enter the proposed start date of the project.
12.	Ending Date	Optional	Enter the proposed end date of the project.
13.	Congressional District of Applicant	Optional	Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district. If outside the US, enter 00-000. To locate your congressional district, visit the Grants.gov web site.
14.	Project Director/Principal Investigator Contact Information	Optional	Section label.
14.	Prefix (PD/PI)	Optional	Enter the prefix of the individual responsible for the overall scientific and technical direction of the project.
14.	First Name (PD/PI)	Optional	Enter the first name of the individual responsible for the overall scientific and technical direction of the project.
14.	Middle Name (PD/PI)	Optional	Enter the middle name of the individual responsible for the overall scientific and technical direction of the project.
14.	Last Name (PD/PI)	Optional	Enter the last name of the individual responsible for the overall scientific and technical direction of the project.

Field Number	Field Name	Required or Optional	Information
14.	Suffix (PD/PI)	Optional	Enter the suffix of the individual responsible for the overall scientific and technical direction of the project.
14.	Position/Title (PD/PI)	Optional	Enter the position/title of the individual responsible for the overall scientific and technical direction of the project.
14.	Organization Name (PD/PI)	Optional	Enter the organization name of the individual responsible for the overall scientific and technical direction of the project.
14.	Department (PD/PI)	Optional	Enter the department of the individual responsible for the overall scientific and technical direction of the project.
14.	Division (PD/PI)	Optional	Enter the division of the individual responsible for the overall scientific and technical direction of the project.
14.	PDPI Address	Optional	
14.	Street Address Line 1 (PD/PI)	Optional	Enter first line of the street address for the PD/PI in the "Street1" field.
14.	Street Address Line 2 (PD/PI)	Optional	Enter second line of the street address for the PD/PI in "Street2" field.
14.	City (PD/PI)	Optional	Enter the City of the PD/PI.
14.	County (PD/PI)	Optional	Enter the county/parish for address of the PD/PI.
14.	State (PD/PI)	Optional	Enter the State where the PD/PI is located.
14.	Province (PD/PI)	Optional	Enter the Province for PD/PI.
14.	Country (PD/PI)	Optional	Select the country for the PD/PI address.
14.	ZIP / Postal Code (PD/PI)	Optional	Enter the Postal Code (e.g., ZIP code) of the PD/PI.
14.	Phone Number (PD/PI)	Optional	Enter the daytime phone number for the PD/PI.
14.	Fax Number (PD/PI)	Optional	Enter the fax number for the PD/PI.

Field Number	Field Name	Required or Optional	Information
14.	Email Address (PD/PI)	Optional	Enter the e-mail address for the PD/PI.
15.	Estimated Project Funding	Optional	Section label.
15.a.	Total Federal Funds Requested	Optional	Enter total Federal funds requested for the entire project period.
15.b.	Total Non-Federal Funds	Optional	Enter total non-Federal funds requested for the entire project period.
15.c.	Total Federal & Non-Federal Funds	Optional	Enter total estimated funds for the entire project period, including both Federal and non-Federal funds.
15.d.	Estimated Program Income	Optional	Identify any Program Income estimated for this project period if applicable.
16.	Subject to Review	Optional	Select the appropriate checkbox.
16.a.	State Review Date	Optional	If block 16a is checked, insert date application was submitted to State.
17.	I Agree	Optional	Check "I agree" to provide the required certifications and assurances.
18.	SFLLL Disclosure or Explanatory Document	Optional	If applicable, attach the SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation per agency instructions.
19.	Authorized Representative	Optional	Section label.
19.	Prefix (Authorized Representative)	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the Authorized Representative.
19.	First Name (Authorized Representative)	Optional	Enter first (given) name of the Authorized Representative.
19.	Middle Name (Authorized Representative)	Optional	Enter the middle name of the Authorized Representative.
19.	Last Name (Authorized Representative)	Optional	Enter the last (family) name of the Authorized Representative.
19.	Suffix (Authorized Representative)	Optional	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Authorized Representative.

Field Number	Field Name	Required or Optional	Information
19.	Position/Title (Authorized Representative)	Optional	Enter the title of the Authorized Representative.
19.	Organization (Authorized Representative)	Optional	Enter the name of organization for the Authorized Representative.
19.	Department (Authorized Representative)	Optional	Enter the name of primary organizational department, service, laboratory, or equivalent level within the organization of the Authorized Representative.
19.	Division (Authorized Representative)	Optional	Enter the name of primary organizational division, office, or major subdivision of the Authorized Representative.
19.	Authorized Representative Address	Optional	
19.	Street Address Line 1 (Authorized Representative)	Optional	Enter first line of the street address for the Authorized Representative in the "Street1" field.
19.	Street Address Line 2 (Authorized Representative)	Optional	Enter second line of the street address for the Authorized Representative in the "Street2" field.
19.	City (Authorized Representative)	Optional	Enter the City of the Authorized Representative.
19.	County (Authorized Representative)	Optional	Enter the county/parish for address of Authorized Representative.
19.	State (Authorized Representative)	Optional	Enter the State where the Authorized Representative is located.
19.	Province (Authorized Representative)	Optional	Enter the Province for Authorized Representative.
19.	Country (Authorized Representative)	Optional	Select the country for the Authorized Representative address.
19.	ZIP / Postal Code (Authorized Representative)	Optional	Enter the Postal Code (e.g., ZIP code) of the Authorized Representative.
19.	Phone Number (Authorized Representative)	Optional	Enter the daytime phone number for the Authorized Representative.

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19.	Fax Number (Authorized Representative)	Optional	Enter the fax number for the Authorized Representative.
19.	Email (Authorized Representative)	Optional	Enter the e-mail address for the Authorized Representative.
19.	Signature of Authorized Representative	Optional	It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity and/or submit the application to Grants.gov. Enter the name of the authorized representative.
19.	Date Signed	Optional	Enter the date the AOR signed the application.
20.	Pre-application	Optional	If submitting a pre-application, attach a summary description of the project in accordance with the announcement and/or agency specific instructions.
21.	Cover Letter	Optional	Attach the cover letter in accordance with the announcement and/or agency specific instructions.