

Sample SF 424 (R&R) Form Quick Reference

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Below is the first page that will appear on the SF424 (R&R) grant application package. The following pages are the UCSD-related information that needs to be entered into each of the fields on the SF424 (R&R) form.



Grant Application Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-07-070
Competition ID:	ADOBE-FORMS-A
Opportunity Open Date:	12/05/2008
Opportunity Close Date:	01/07/2010
Agency Contact:	Grants Info TTY 301-451-0088 E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Information in these fields will populate depending on the funding opportunity that was selected.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: For example: Smith, J NIH NRSA

Mandatory Documents

Mandatory Documents to be completed must first be moved to the Mandatory Documents for Submission box.

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Mandatory Documents for Submission

SF424 (R & R)
 Research & Related Other Project Information
 Research & Related Senior/Key Person Profile (E)
 Research & Related Project/Performance Site Loc
 PHS 398 Cover Page Supplement
 PHS 398 Research Plan
 PHS 398 Checklist

Optional Documents

PHS 398 Cover Letter File
 Research & Related Budget
 R & R Subaward Budget Attachment(s) Form

Move all of those Optional Documents, as specified by the sponsor, to the Optional Documents for Submission box.

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Optional Documents for Submission

PHS 398 Modular Budget

Instructions

- Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <=< button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

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Complete all mandatory fields that are in **Yellow** or have an ***Asterisk**, when completing the SF 424 (R&R) application, or the application will not be validated, meaning the application will not be processed by Grants.gov. Answer with **N/A** if a **mandatory field** does not apply.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)	2. DATE SUBMITTED <input style="width: 100%; height: 20px;" type="text"/>	Applicant Identifier <input style="width: 100%; height: 20px;" type="text"/>
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	3. DATE RECEIVED BY STATE <input style="width: 100%; height: 20px;" type="text"/>	State Application Identifier <input style="width: 100%; height: 20px;" type="text"/>
4. Federal Identifier <input style="width: 100%; height: 20px;" type="text"/>		

Field Number:	Field Name:	Field Information:
1 *Type of Submission	Pre-application Application Changed/Corrected Application	<p style="text-align: center;">Check only one box.</p> <ul style="list-style-type: none"> Check Pre-application for pre-proposals only. This information will be found in application instructions. Check Application for all other initial submissions. Check Changed/Corrected Application if a corrected application is being submitted.
2	Date Submitted Applicant Identifier	<ul style="list-style-type: none"> Leave blank. Your proposal review office analyst will fill in this field. Enter the PI's Last Name, First initial and Funding Sponsor Acronym
3	Date Received by State State Application Identifier	<ul style="list-style-type: none"> Leave blank Leave blank
4	Federal Identifier	<ul style="list-style-type: none"> For a New application, do not complete this field. For a Changed/Corrected Application, enter the Grants.gov tracking number, which was provided in an e-mail when new application was first submitted to Grants.gov. If this is a Continuation, Revision, or Renewal, enter the assigned Federal Identification Number or Grant Number, even if submitting a changed or corrected application.

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5. APPLICANT INFORMATION		* Organizational DUNS: <input style="width: 150px;" type="text"/>
* Legal Name: <input style="width: 90%; border: 1px solid red;" type="text"/>		
Department: <input style="width: 250px;" type="text"/>	Division: <input style="width: 250px;" type="text"/>	
* Street1: <input style="width: 450px; border: 1px solid red;" type="text"/>		
Street2: <input style="width: 450px;" type="text"/>		
* City: <input style="width: 280px; border: 1px solid red;" type="text"/>	County: <input style="width: 250px;" type="text"/>	
* State: <input style="width: 450px;" type="text"/> Province: <input style="width: 150px;" type="text"/>		
* Country: <input style="width: 450px;" type="text"/> USA: UNITED STATES		* ZIP / Postal Code: <input style="width: 150px; border: 1px solid red;" type="text"/>
Person to be contacted on matters involving this application		
Prefix: <input style="width: 80px;" type="text"/>	* First Name: <input style="width: 280px; border: 1px solid red;" type="text"/>	Middle Name: <input style="width: 200px;" type="text"/>
* Last Name: <input style="width: 480px; border: 1px solid red;" type="text"/>		Suffix: <input style="width: 100px;" type="text"/>
* Phone Number: <input style="width: 200px; border: 1px solid red;" type="text"/>	Fax Number: <input style="width: 200px;" type="text"/>	
Email: <input style="width: 480px;" type="text"/>		

Field Number:	Field Name:	Field Information:
<p style="text-align: center;">5.</p> <p>Applicant Information</p> <p>Please Note: The Legal Name for UCSD must be typed exactly how they appear to the right, including spaces, commas, and periods.</p> <p>Please Note: Department is the various Proposal Review Offices. They must be typed exactly how they appear to the right, including spaces.</p>	*Organizational DUNS:	<ul style="list-style-type: none"> Enter 804355790 for General Campus, Health Sciences, or SIO National Institutes of Health (NIH) applications. Enter 175104595 for all Scripps Institution of Oceanography applications, except for NIH applications, see above.
	*Legal Name	<ul style="list-style-type: none"> Enter The Regents of the Univ. of Calif., U.C. San Diego
	Department	<ul style="list-style-type: none"> Enter: Office of Graduate Studies
	Division	<ul style="list-style-type: none"> Leave blank
	*Street 1	<ul style="list-style-type: none"> 9500 Gilman Drive
	Street 2	<ul style="list-style-type: none"> 0003
	*City	<ul style="list-style-type: none"> La Jolla
	County	<ul style="list-style-type: none"> San Diego
	*State	<ul style="list-style-type: none"> From the drop-down menu, select CA
	Province	<ul style="list-style-type: none"> Leave blank
	*Country	<ul style="list-style-type: none"> From the drop-down menu, select USA
*Zip Code	<ul style="list-style-type: none"> 92093 – 0003 	
<p>Person to be contacted on matters involving this application.</p> <p>Please Note: Contact your Proposal Review Office Analyst first to be sure you are entering their information correctly, as some agencies are very specific about this.</p>	Prefix	<ul style="list-style-type: none"> Enter the necessary information
	*First Name	<ul style="list-style-type: none"> Enter Linda
	Middle Name	<ul style="list-style-type: none"> Enter Kinh
	*Last Name	<ul style="list-style-type: none"> Enter Vong
	*Phone Number	<ul style="list-style-type: none"> Enter (858) 822-2938
	Fax Number	<ul style="list-style-type: none"> Enter (858) 534-4304
	Email	<ul style="list-style-type: none"> Enter lkvong@ucsd.edu

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6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input style="width: 250px;" type="text"/>	
7. * TYPE OF APPLICANT: <input style="width: 700px;" type="text" value="Please select one of the following"/>	
Other (Specify): <input style="width: 400px;" type="text"/>	
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
8. * TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input style="width: 300px;" type="text"/>
* Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No What other Agencies? <input style="width: 150px;" type="text"/>	
9. * NAME OF FEDERAL AGENCY:	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
<input style="width: 350px;" type="text" value="National Institutes of Health"/>	TITLE: <input style="width: 450px;" type="text"/>

Field Number:	Field Name:	Field Information:
6.	*Employer Identification (EIN) or (TIN)	<ul style="list-style-type: none"> Enter 95-6006144 for UCSD. Enter 1956006144A1 for applications being submitted to the National Institutes of Health (NIH).

Field Number:	Field Name:	Field Information:
7.	*Type of Applicant	<ul style="list-style-type: none"> From the drop-down menu select H: Public/State Controlled Institution of Higher Education.

Field Number:	Field Name:	Field Information:
8.	*Type of Application	<p>Check only one box.</p> <ul style="list-style-type: none"> Check either; New, Resubmission, Renewal, Continuation, or Revision. Mark the appropriate box(es) for a Revision application. Check the appropriate box if the application is being submitted to other agencies; then list the agency(s).

Field Number:	Field Name:	Field Information:
9.	*Name of Federal Agency	<ul style="list-style-type: none"> This field should automatically populate as a result of the funding announcement. If it does not populate follow the application instructions, and enter the name of the Federal agency.

Field Number:	Field Name:	Field Information:
10.	Catalog of Federal Domestic Assistance Number	<ul style="list-style-type: none"> This field should automatically populate as a result of the funding announcement. If it does not populate, enter the appropriate CFDA number (only one), and the appropriate title. Leave blank for applications being submitted to the National Institutes of Health (NIH).

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11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
12. * AREAS AFFECTED BY PROJECT (<i>cities, counties, states, etc.</i>)	13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:	
	* Start Date	* Ending Date	a. * Applicant

Field Number:	Field Name:	Field Information:
11.	*Descriptive Title of the Applicant's Project	<ul style="list-style-type: none"> Enter the full title of the project. Please Note: The National Institutes of Health (NIH) and other Public Health Service (PHS) agencies limit the title of the project to 81 characters.

Field Number:	Field Name:	Field Information:
12.	*Areas affected by Project (Cities, counties, states, etc.)	<ul style="list-style-type: none"> Enter geographical location affected by the project. Enter N/A for applications being submitted to the National Institutes of Health (NIH).

Field Number:	Field Name:	Field Information:
13. *Proposed Project	Start Date Ending Date	<ul style="list-style-type: none"> Enter the start date of the project based on the application instructions. Enter the anticipated end date based on the duration of the project and the application instructions.

Field Number:	Field Name:	Field Information:
14. *Congressional Districts Of	a. *Applicant b. *Project	<ul style="list-style-type: none"> Enter CA-053. Enter CA-053 or another Congressional District as appropriate, or enter CA-All or US-All for larger regions.

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15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:

Street2:

* City: County:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

Field Number:	Field Name:	Field Information:
15. Project Director/Principal Investigator Contact Information	Prefix	<ul style="list-style-type: none"> Enter the necessary information
	*First Name	<ul style="list-style-type: none"> Enter your information
	Middle Name	<ul style="list-style-type: none"> Enter your information
	*Last Name	<ul style="list-style-type: none"> Enter your information
	Suffix	<ul style="list-style-type: none"> Enter the necessary information Do not select degrees for NIH proposals
	Position/Title	<ul style="list-style-type: none"> Enter UCSD payroll title
	*Organization Name	<ul style="list-style-type: none"> Populates with the information entered in *Legal Name
	Department	<ul style="list-style-type: none"> Enter the Project Mentor's Department Use exact department name, not sub-division, section, or program
	Division	<ul style="list-style-type: none"> Enter either; General Campus, Scripps Institution of Oceanography, or "School of..." as appropriate
	*Street 1	<ul style="list-style-type: none"> Enter the necessary information
	Street 2	<ul style="list-style-type: none"> Enter the Project Mentor's Mail Code
	*City	<ul style="list-style-type: none"> Enter the necessary information
	County	<ul style="list-style-type: none"> Enter the necessary information
	*State	<ul style="list-style-type: none"> From the drop-down menu, select CA
	Province	<ul style="list-style-type: none"> Leave blank
	*Country	<ul style="list-style-type: none"> From the drop-down menu, select USA
	*Zip Code	<ul style="list-style-type: none"> 92093 – Plus the 4-digit Mail Code
*Phone Number	<ul style="list-style-type: none"> Enter the necessary information 	
Fax Number	<ul style="list-style-type: none"> Enter the necessary information 	
*Email	<ul style="list-style-type: none"> Enter the necessary information 	

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16. ESTIMATED PROJECT FUNDING a. * Total Estimated Project Funding <input style="width: 150px; height: 20px; border: 1px solid red;" type="text"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px; height: 20px; border: 1px solid red;" type="text"/> c. * Estimated Program Income <input style="width: 150px; height: 20px; border: 1px solid red;" type="text"/>	17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px; height: 20px;" type="text"/> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
18. 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 18, 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.	

Field Number:	Field Name:	Field Information:
16.	a. *Total Estimated Project Funding b. *Total Federal & Non-Federal Funds c. *Estimated Program Income	<ul style="list-style-type: none"> Enter the Total Costs Requested. Enter the Total Costs Requested and any requested Cost Sharing funds. Enter any program income that may be generated from the project.

Field Number:	Field Name:	Field Information:
17.	a. YES b. NO Date	<ul style="list-style-type: none"> Check the YES or NO box as appropriate. The Funding Opportunity Announcement instructions will indicate if the 12372 process is applicable. If YES was checked, enter the date, then contact your Proposal Review Office Analyst to discuss. Please Note: The National Institutes of Health (NIH) are not subject to the 12372 process, so check NO.

Field Number:	Field Name:	Field Information:
18.	Certifications and Assurances	<ul style="list-style-type: none"> Check the *I agree box.

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19. Authorized Representative		
Prefix: <input type="text"/>	* First Name: <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>	
* Position/Title: <input type="text"/>		
* Organization: <input type="text"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text"/>		
Street2: <input type="text"/>		
* City: <input type="text"/>	County: <input type="text"/>	
* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>	
* Email: <input type="text"/>		
* Signature of Authorized Representative		* Date Signed
<input type="text" value="Completed on submission to Grants.gov"/>		<input type="text" value="Completed on submission to Grants.gov"/>

Field Number:	Field Name:	Field Information:
<p>19.</p> <p>Authorized Representative</p> <p>Please Note: Contact your OCGA, SIO, or HSSPPO signing official first to be sure you are entering their information correctly, as some agencies are very specific about this.</p> <p>Please Note: Department is the various Proposal Review Offices. They must be typed exactly how they appear to the right, including spaces.</p>	Prefix	<ul style="list-style-type: none"> Enter Dr.
	*First Name	<ul style="list-style-type: none"> Enter Kim
	Middle Name	<ul style="list-style-type: none"> Enter Elaine
	*Last Name	<ul style="list-style-type: none"> Enter Barrett
	Suffix	<ul style="list-style-type: none"> Leave Blank
	Position/Title	<ul style="list-style-type: none"> Enter Dean of Graduate Studies
	*Organization Name	<ul style="list-style-type: none"> Populates with the information entered in *Legal Name
	Department	<ul style="list-style-type: none"> Enter Office of Graduate Studies
	Division	<ul style="list-style-type: none"> Leave Blank
	*Street 1	<ul style="list-style-type: none"> 9500 Gilman Drive
	Street 2	<ul style="list-style-type: none"> 0003
	*City	<ul style="list-style-type: none"> La Jolla
	County	<ul style="list-style-type: none"> San Diego
	*State	<ul style="list-style-type: none"> From the drop-down menu, select CA
	Province	<ul style="list-style-type: none"> Leave blank
	*Country	<ul style="list-style-type: none"> From the drop-down menu, select USA
	*Zip Code	<ul style="list-style-type: none"> 92093 – 0003
	*Phone Number	<ul style="list-style-type: none"> Enter (858) 534-6655
	Fax Number	<ul style="list-style-type: none"> Enter (858) 534-4304
*Email	<ul style="list-style-type: none"> Enter graduatedean@ucsd.edu 	

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20. Pre-application <input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
21. Attach an additional list of Project Congressional Districts if needed.			
<input style="width: 25%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Field Number:	Field Name:	Field Information:
20.	Pre-application	<ul style="list-style-type: none"> Leave blank or complete and attach a Pre-application.

Field Number:	Field Name:	Field Information:
21.	Attach an additional list of Projects Congressional Districts if needed.	<ul style="list-style-type: none"> Attach additional Congressional Districts as appropriate.