

Grants.gov: Instructions for Completing the SF- 424 for the 2009 BEA Application

Required fields are prefaced with an asterisk (*).

Field	Instructions
*1. Type of Submission:	Select Application.
*2. Type of Application:	Select New.
*3. Date Received:	Automatically filled by the system upon submission – no entry necessary.
4. Applicant Identifier:	Automatically filled by the system upon submission – no entry necessary.
5a. Federal Entity Identifier:	Leave blank
*5b. Federal Award Identifier:	Enter 21.021
6. State use only: Date Received by State:	Not Applicable – leave blank.
7. State use only: State Application Identifier:	Not Applicable – leave blank.
*8a. Applicant Information: Legal Name:	Enter the legal name of the Applicant.
*8b. Employer/Taxpayer Identification Number (EIN/TIN):	Enter the Applicant's EIN/TIN. Use a copy of the SF-424 as the cover page to the paper attachments.
*8c. Organizational DUNS:	Enter the Applicant's DUNS.
*8d. Address:	Complete all fields with Applicant's mailing address. Include 9-digit zip.
8e. Organizational Unit:	Organizational Unit – leave both boxes blank.
*8f. Name and contact information of person to be contacted on matters involving this Application:	Enter a Contact Person, other than the AOR, who can answer questions about the submission. The Contact Person (name and contact information) identified here must match the Contact Person information in the Applicant's myCDFIFund account. Organizational Affiliation: leave blank.
9. Type of Applicant:	Select the most appropriate description from list of dropdown options.
*10. Name of Federal Agency	Pre-filled – no entry necessary.
11. Catalog of Federal Domestic Assistance Number / CFDA Title:	Pre-filled – no entries necessary.
*12. Funding Opportunity Number / Title:	Number: Pre-filled with CDFI-2009-BEA. Title: enter BEA Program 2009.
13. Competition Identification Number:	Leave blank – no entry necessary.
14. Areas affected:	Leave blank.
*15. Descriptive Title of Applicant's Project:	Enter Applicant's Name and BEA Program Application.
*16. Congressional Districts of Applicant / Program/Project:	See www.house.gov to find congressional district. Use same for both boxes.
*17. Proposed Project	Start Date: Enter 1/1/2008; End Date: Enter 12/31/2008.
*18. Estimated Funding \$:	Enter total award request for Federal and Total, enter zeroes in other boxes.
*19. Is Application Subject to Review by State...:	Select option C.
*20. Is the Applicant Delinquent:	Answer and provide Explanation if Yes selected.
*21. Applicant Certification / Authorized Representative:	Click the "I agree" button. Complete all fields for AOR information. AOR (name and contact information) must match the Authorized Representative's information in the Applicant's myCDFIFund account.