



STANDARD FORM 424 (SF-424) GUIDANCE

NOAA Dr. Nancy Foster Scholarship Program

Application for Federal Assistance is located on the Grants.gov portal (<http://www.grants.gov>) and must be completed with information pertinent to the applicant. Item number 21 on the SF-424 cannot be used as a replacement for the declaration statement required in Item 9 below.

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Type of Submission:	Required	Select Pre-application OR Application

Field Number	Field Name	Required or Optional	Information
2.	Type of Application	Required	Select New - An application that is being submitted to an agency for the first time.
3.	Date Received:	Required	The date received is completed electronically if submitted via Grants.gov.
4.	Applicant Identifier:	Optional	Leave this field blank.
5a.	Federal Entity Identifier:	Optional	Leave this field blank.

Field Number	Field Name	Required or Optional	Information
5b.	Federal Award Identifier:	Optional	Leave this field blank.

6.	Date Received by State:	Optional	Leave this field blank.
7.	State Application Identifier:	Optional	Leave this field blank.
8.	Applicant Information:	Optional	Enter the following in accordance with agency instructions.
	a. Legal Name:	Required	Enter the legal name of the applicant that will undertake the assistance activity.
	b. Employer/Taxpayer Number (EIN/TIN):	Required	Use 99-9999999
	c. UEI: Unique Entity Identifier	Required	Use 000000000
	d. Address:	Required	Enter address: Street 1 (required); City (required); County/Parish, State (required if country is US); Province; Country (required); 9-digit ZIP/Postal Code (required if country is US). If +4 does not exist for the address, enter "0000".
	e. Organizational Unit	Optional	Enter the name of the primary organizational unit, department, or division that will undertake the assistance activity.

Field Number	Field Name	Required or Optional	Information
	f. Name and contact information of person to be contacted on matters involving this application	Required	Enter the first and last name (required); prefix, middle name, suffix, and title. Enter organizational affiliation if affiliated with an organization other than that in 7.a. Telephone number and email (required); fax number.

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9.	Type of Applicant: Select Applicant Type	Required	P: Individual

Field Number	Field Name	Required or Optional	Information
10.	Name of Federal Agency:	Required	Enter NOAA if it is not auto-filled
11.	Catalog Of Federal Domestic Assistance Number/Title	Required	Catalog of Federal Domestic Assistance: 11.429 Title: Marine Sanctuary Program
12.	Funding Opportunity Number/Title	Required	Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested as found in the program announcement. This information is pre-populated if using Grants.gov.
13.	Competition Identification Number/Title:		These fields are pre-populated by Grants.gov if provided by the federal agency.
14.	Areas Affected By Project:		This data element is intended for use only by programs for which the area(s) affected are likely to be different from the place(s) of performance reported on the SF-424 Project/Performance Site Location(s) Form. Add attachment to enter additional areas, if needed.
15.	Descriptive Title of Applicant's Project:	Required	Enter a brief descriptive title of the project.

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16.	Congressional Districts	Required	<p>16a. Enter the applicant's congressional district. 16b. Enter the primary district affected by the program or project. Enter in the following format: 2 character state abbreviation – 3 characters district number, e.g., CA-005 for California 5th district, CA-012 for California 12th district, NC-103 for North Carolina's 103rd district. If all congressional districts in a state are affected, enter "all" for the district number, e.g., MD-all for all congressional districts in Maryland. If nationwide, i.e., all districts within all states are affected, enter US-all. If the program/project is outside the US, enter 00.000. This optional data element is intended for use only by programs for which the area(s) affected are likely to be different than place(s) of performance reported on the SF-424 Project/Performance Site Location(s) form. Attach an additional list of program/project congressional districts, if needed.</p>
17.	Proposed Project Start and End Dates:	Required	<p>Check the program announcement for the start and end dates- two years for masters or four years for doctorate. Start and end dates should be the first day of the month and the last day of the month.</p>
18.	Estimated Funding:	Required	<p>Enter for Master's Degree Applicants: Federal \$98,000, Total \$98,000; For Doctoral Degree Applicants: Federal \$196,000, Total \$196,000.</p>

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19.	Is Application Subject to Review by State Under Executive Order	Required	Select C.- Program is not covered by E.O. 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 federal debt include; but may not be limited to: delinquent audit disallowances, loans, and taxes. If yes, include an explanation in an attachment.
21.	Authorized Representative:	Required	Should be signed by the individual applicant. If the application is submitted via Grants.gov, the signature of the authorized representative, the applicant, and the date signed are completed upon submission.