

SF-424 R&R Cover Sheet

Enter a Type of Submission (Field 1 on the Form)

Select "Application" for the type of submission.

Enter Date Submitted and Applicant Identifier (Field 2 on the Form)

Enter the date submitted in the **Date Submitted** field. Please use mm/dd/yyyy format (e.g., 08/13/2004). Enter the 5 digit ERME Project Number assigned in the online Application in the **Applicant Identifier** field.

Enter Date Received by State (Field 3 on the Form)

Leave the **Date Received by State** field blank.
Leave the **State Application Identifier** field blank.

Federal (Field 4 on the Form)

Leave the **Federal** field blank.

Enter Applicant Information (Field 5 on the Form)

Enter the DUNS or DUNS+4 number of the applicant organization in the * **Organizational DUNS** field. This is required information.



Field Name	Input
*Legal Name	Enter the applicant's legal name. This is required information.
Department	Enter the applicant's department.
Division	Enter the applicant's division.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address (optional).
*City	Enter the name of the city/place of the applicant. This is required information.
County	Enter the name of the county of the applicant.
*State	Select the name of the state of the applicant. This is required information.
*Zip Code	Enter the five- or nine-digit postal code for the applicant. This is required information.
*Country	Select the name of the country for the applicant. This is required information.

Person to be contacted on matters involving this application:

Field Name	Input
Prefix	Select the prefix of the contact.
*First Name	Enter the first name of the contact. This is required information.
Middle Name	Enter the middle name of the contact.
*Last Name	Enter the last name of the contact. This is required information.
Suffix	Select the suffix of the contact.
*Phone Number	Enter the phone number of the contact. This is required information.
Fax Number	Enter the fax number of the contact.
Email	Enter the email address of the contact.

Enter Employer Identification (EIN) or (TIN) (Field 6 on the Form)

Employer Identification (EIN) or (TIN) - Enter either TIN or EIN as assigned by the U.S. Internal Revenue Service. If applicant's organization is not in the U.S., type 44-4444444.

Enter Type of Applicant (Field 7 on the Form)

Type of Applicant – Select the appropriate letter from the following menu; if these selections do not identify the type of applicant, then under "Other" ('X') specify what best describes your organization type:

- A. State Government
- B. County Government
- C. City or Township Government
- D. Special Districts Government
- E. Regional Organizations
- F. US Territory or Possession
- G.
- H. Public/State Controlled Institution of Higher Education
- I. Indian/Native American Tribal Government (Federally Recognized)
- J. Indian/Native American Tribal Government (other than Federally Recognized)
- K. Indian/Native American Tribally Designated Organizations
- L. Public/Indian Housing Authority
- M. Non Profit with 501C3 IRS Status (other than Institution of Higher Education)
- N. Non Profit without 501C3 IRS Status (other than Institution of Higher Education)
- O. Private Institutions of Higher Education
- P. Individual
- Q. For-Profit Organization (other than Small Business)
- R. Small Business
- S. Hispanic-Serving Institution
- T. Historically Black Colleges and Universities (HBCUs)
- U. Tribally Controlled Colleges and Universities (TCCUs)
- V. Alaska Natives and Native Hawaiian Serving Institutions
- W.
- X. Other - Specify

If Small Business is selected as Type of Applicant, then note if the organization is Woman-owned and/or Socially and Economically Disadvantaged.

- **Woman Owned** - Check if the applicant is a woman-owned small business - a small business that is at least 51% owned by a woman or women, who also control and operate it.
- **Socially and Economically Disadvantaged** - Check if the applicant is 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).

Select Type of Application (Field 8 on the Form)

Select the type from the following list. Check only one.

- **New** - An application that is being submitted for the first time.
- **Resubmission** - An application that was previously submitted but not funded and is being resubmitted for new consideration.
- **Renewal** - An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time.
- **Continuation** - Not applicable for the purposes of this grant.
- **Revision** - Not applicable for the purposes of this grant.

* **Is this application being submitted to other agencies?** – Enter yes or no. If yes, enter the name(s) of other Agencies. This is required information.



List the names or acronyms of all other public or private sponsors including other agencies within USDA to which your application has been or might be sent. Submitting your application to other potential sponsors will not prejudice the Review Panel; however, submitting the same (i.e., duplicate) application to another CSREES program is not permissible.

Name of Federal Agency (Field 9 on the Form)

* **Name of Federal Agency** –This information is pre-populated.

Catalog of Federal Domestic Assistance Number (Field 10 on the Form)

This information is pre-populated.

Enter Descriptive Title of Applicant's Project (Field 11 on the Form)

* **Descriptive Title of Applicant's Project** - Enter the RME Title registered in the online application. This is required information.

List Areas Affected by Project (Field 12 on the Form)

* **Areas Affected by Project** - List only the largest political entities affected by the project (e.g., State, counties, cities). This is required information.

Enter Proposed Project (Field 13 on the Form)

* **Start Date** –This information is pre-populated with the start date of the period of performance (if you are awarded funding).

* **Ending Date** –This information is pre-populated with the end date of the period of performance (if you are awarded funding).

Enter Congressional Districts (Field 14 on the Form)

* **Applicant** - Enter the applicant's Congressional District by state and number, such as WA-1 or IA-3. This is required information.

* **Project** – Enter the Congressional District of the primary site where the project will be performed. This is required information.

Enter Project Director/Principal Investigator Contact Information (Field 15 on the Form)

Field Name	Input
Prefix	Enter the prefix of the individual responsible for the overall scientific and technical direction of the project.
*First Name	Enter the first name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Middle Name	Enter the middle name of the individual responsible for the overall scientific and technical direction of the project.
*Last Name	Enter the last name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Suffix	Enter the suffix of the individual responsible for the overall scientific and technical direction of the project.
Position/Title	Enter the position/title of the individual responsible for the overall scientific and technical direction of the project.
*Organization Name	Enter the organization name of the individual responsible for the overall scientific and technical direction of the project. This is required information.
Department	Enter the department of the individual responsible for the overall scientific and technical direction of the project.
Division	Enter the division of the individual responsible for the overall scientific and technical direction of the project.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address).
*City	Enter the name of the city/place of the applicant. This is required information.
County	Enter the name of the county of the applicant.
*State	Select the name of the state of the applicant. This is required information.
*Zip Code	Enter the five- or nine-digit postal code for the applicant. This is required information.
*Country	Select the name of the country for the applicant. This is required information.

*Phone Number	Enter the phone number of the applicant. This is required information.
Fax Number	Enter the fax number of the applicant.
*Email	Enter the email of the applicant. This is required information.

Enter Estimated Project Funding (Field 16 on the Form)

Field Name	Input
* Total Estimated Project Funding	Enter total Federal funds requested. This is required information.
*Total Federal & Non-Federal Funds	Not Applicable for the purposes of this grant
*Estimated Program Income	Not Applicable for the purposes of this grant

Is Application Subject to Review by State Executive Order 12372 Process? (Field 17 on the Form)

Check b. No for the purposes of this grant.

Complete Certification (Field 18 on the Form)

Check to provide the required certifications and assurances:

- *I agree*



The applicable certifications can be located on the CSREES website. See <http://www.csrees.usda.gov/business/awards.html>. Ignore all references in the forms and instructions regarding the signing of Form CSREES-2002, Proposal Cover Page. For this application, by submitting the application the applicant is providing the required certifications set forth in 7 CFR Part 3017, as amended, regarding Debarment and Suspension and Drug-Free Workplace; and 7 CFR Part 3018 regarding Lobbying. Submission of the individual forms is not required. (Please read the Certifications before submitting the application.) If the project will involve a subcontractor or consultant, the subcontractor/consultant may be required to submit a Form AD-1048, Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions, to the grantee organization for retention in their records. This form should not be submitted to USDA. In addition, the applicant certifies that the information contained herein is true and complete to the best of its knowledge and accepts as to any award the obligations to comply with the terms and conditions of CSREES in effect at the time of the award.

2.19 Enter Authorized Representative (Field 19 on the Form)

Field Name	Input
Prefix	Enter the prefix of the authorized representative.
*First Name	Enter the first name of the authorized representative. This is required information.
Middle Name	Enter the middle name of the authorized representative.
*Last Name	Enter the last name of the authorized representative. This is required information.
Suffix	Enter the suffix of the authorized representative.
*Position/Title	Enter the position/title of the authorized representative. This is required information.
*Organization Name	Enter the organization name of the authorized representative. This is required information.
Department	Enter the department of the authorized representative.
Division	Enter the division of the authorized representative.
*Street 1	Enter the physical address of the applicant. Two lines are available for street address input. The first line is required information. The second line is not required.
Street 2	Additional line for street address.
*City	Enter the name of the city/place of the authorized representative. This is required information.
County	Enter the name of the county of the authorized representative.
*State	Select the name of the state of the authorized representative. This is required information.
*Zip Code	Enter the five- or nine-digit postal code for the authorized representative. This is required information.
*Country	Select the name of the country for the authorized representative. This is required information.
*Phone Number	Enter the phone number of the authorized representative. This is required information.
Fax Number	Enter the fax number of the authorized representative.

*Email	Enter the email of the authorized representative. This is required information.
Signature of Authorized Representative	It is the organization's responsibility to assure that only properly authorized individuals sign in this capacity. The completed Cover Form should be printed and signed by the Authorized Representative. It may then be scanned and uploaded as a PDF Document into the online application, or mailed in hard copy format to the appropriate Regional Center.
Date Signed	The date the Authorized Representative signed the application.
Pre-Application	Not applicable.