

**Additional Guidance for States in Completing the  
Application for Federal Assistance (SF-424)**

Use the current version of the form for submission. Expired forms will not be accepted. SF-424, Expiration Date 12/31/2022, Office of Management and Budget (OMB) Control No. 4040-0004 (Grants.gov). <http://www.grants.gov/web/grants/forms/sf-424-family.html>

**Section # 8, APPLICANT INFORMATION**

- Legal Name: The legal name must match the name submitted with the System for Award Management (SAM). Please refer to instructions at <https://www.sam.gov>
- Employer/Tax Identification Number (EIN/TIN): Input your correct 9-digit EIN and ensure that it is recorded within SAM.
- Organizational DUNS: All applicants for Federal grant and funding opportunities are required to have a 9-digit Data Universal Numbering System (D-U-N-S®) number, and must supply their D-U-N-S® number on the SF-424. Please ensure that your state is registered with the SAM. Instructions for registering with SAM can be found at <https://www.sam.gov>. Additionally, the state must maintain an active SAM registration with current information at all times during which it has an active Federal award or an application under consideration. To remain registered in the SAM database after the initial registration, there is a requirement to review and update the registration at least every 12 months from the date of initial registration or subsequently update the information in the SAM database to ensure it is current, accurate, and complete. Failure to register with SAM and maintain an active account will result in a rejection of your submission.
- Address: Input your complete address including Zipcode+4; Example: 20110-831. For lookup, use link at <https://tools.usps.com/go/ZipLookupAction!input.action>
- Organizational Unit: Input appropriate Department Name and Division Name, if applicable
- Name and contact information of person on matters involving this application. Provide complete and accurate contact information including telephone number and email address for the point of contact

**Section # 9, Type of Applicant 1:** Select Applicant Type: Input “State Government”

**Section # 10, Name of the Federal Agency:** Input “Employment and Training Administration”

**Section # 11, Catalog of Federal Domestic Assistance Number:** Input “17.225;  
CFDA Title: Input “Unemployment Insurance”

**Section # 12, Funding Opportunity Number and Title:** Input “UIPL No. 13-20”, Emergency Administrative Grants - EUISAA”

**Section # 13, Competition Identification Number:** Leave Blank.

**Section # 14, Areas Affected by Project:** Input the place of performance for the project implementation; Example “NY” for New York

**Section # 15, Descriptive Title of Applicant’s Project:**

Input “Emergency Administrative Grants - EUISAA”. Additionally, select one of the following and input information as described below:

- If your state is requesting funding for both allotments, input “State attests to meeting the requirements for Allotments 1 and 2 as described in UIPL No. 13-20”
- If your state is requesting funding for Allotment 1, input “State attests to meeting the requirements for Allotments 1 as described in UIPL No. 13-20”
- If your state is requesting funding for Allotment 2, input “State attests to meeting the requirements for Allotments 2 as described in UIPL No. 13-20”

**Section # 16, Congressional Districts of:**

- Applicant: Input the Congressional District of your home office. For lookup, use link at [www.house.gov](http://www.house.gov) with Zip code + 4
- Program/Project: Input the Congressional District where the project work is performed. If it’s the same place as your home office, input the congressional district for your home office. For lookup, use link at [www.house.gov](http://www.house.gov) with Zipcode+4

**Section # 17, Proposed Project**

- Start Date: Input a valid start date for the project
- End Date: Input a valid end date for the project

**Section # 18, Estimated Funding (\$):** Input the estimated funding requested. Please refer to Attachment I for funding amount allocated to your state.

**Section #s 19 – 20:** Complete as per instructions in Form SF-424

**Section # 21, Authorized Representative:** Please select the “I AGREE” check box and provide complete information for your authorized signatory including contact information such as telephone number and email address.

**Remember to get the SF-424 signed and dated by the Authorized representative.**