

SF-424 R&R Form Block	Instructions	Required for Submittal Y = Always X = Per instructions within this guidance N = Not Required
Block 1--Type of Submission - <i>Select One Box Only</i>		
Pre-application	The pre-application option is not used by NIST, unless specifically noted in the NOFO.	
Application	The application option is used to submit a request for financial support in accordance with a NOFO issued by NIST specifying the use of the Research and Related set of forms.	
Changed/Corrected Application	Check only if you are submitting the same application again to correct system validation errors or problems in assembly of the application. Do not use this box to denote a resubmission or amended application. That will be indicated in the <i>Type of Application</i> , field 8. Submission of a Changed/Corrected application replaces the previous submission and removes it from consideration.	Y
Block 2--Date Submitted and Applicant Identifier		
Date Submitted	<i>Leave Blank - this field will auto-populate upon application submission</i>	N
Applicant Identifier	<i>Leave Blank - this field will auto-populate upon application submission</i>	N
Block 3--Date Received by State and State Application Identifier		
Date Received by State	<i>Leave this field blank.</i>	N
State Application Identifier	<i>Leave this field blank.</i>	N
Block 4 - Identifiers and Tracking ID		
a. Federal Identifier	<p>New Applications without Pre-Application: Leave field blank</p> <p>New Applications with Pre-Application previously submitted – Required: Enter the NIST-assigned pre-application identifier. Contact the Grants Officer listed in the NOFO if you are unsure of this number.</p> <p>Resubmission, Renewal and Revision Applications – Required: Enter the Federal Identifier of the previously assigned application or current award number (e.g 00ABCD00Z123).</p>	X
b. Agency Routing Identifier	<i>Leave this field blank.</i>	N
c. Previous Grants.gov Tracking ID	<p>Submission is a Changed/Corrected Application (Box 1) - Required: Enter the Grants.gov Tracking ID assigned to the original submission. This number will be in the form "GRANT87654321."</p> <p>All other submissions: Leave field blank</p>	X

Block 5--Applicant Information		
General	<i>These fields capture information on the Applicant Organization, not a specific individual. If multiple organizations are submitting the application, the information captured must reflect the Lead Organization. Required fields are indicated below.</i>	
Organizational DUNS	Enter the DUNS or DUNS+4. The same DUNS should be used in Grants.gov, the System for Award Management, Grants Management Information System (GMIS) and this application.	Y
Legal Name	Enter legal name of applicant organization	Y
Department	<i>Enter the department, laboratory or equivalent within the organization, if applicable</i>	N
Division	<i>Enter the primary division, office, or subdivision within the organization, if applicable</i>	N
Street1	Enter the primary street address for the applicant organization	Y
Street2	Enter the second level street address for the applicant organization	N
City	Enter the city for the address of the applicant organization	Y
County/Parish	Enter the county or parish for the applicant organization	N
State	Applicant Organization's Country is United States or United States Territories - Required: Enter the state for the address of the organization. All Other Applicants: Leave this field blank	X
Province	Applicant Organization's Country is Canada - Required: Entry Canadian Province for the address of the organization All Other Applicants: Leave this field blank	X
Country	Select the country for the address of the applicant organization.	Y
Zip/Postal Code	Applicant Organization's Address in the United States - Required: Enter the Zip + 4 (9-digit) United States Postal Code All Other Applicants: Enter the applicant organization's postal code for its address reported above	X
Person to be contacted on matters involving this application: This is typically an administrative contact and not the Principal Investigator. This individual will be the person notified if additional information is needed and of award determination.		
Prefix	Select or enter the appropriate prefix for the person to be contacted on matters related to this application, if applicable	N
First Name	Enter the first name of the person to be contacted on matters related to this application	Y
Middle Name	Enter the middle name, if applicable, of the person to be contacted on matters related to this application	N
Last Name	Enter the last name (surname or family name) of the person to be contacted on matters related to this application	Y
Suffix	Select or enter the suffix for the person to be contacted on matters related to this application, if applicable	N

Position/Title	Enter the position or title for the person to be contacted on matters related to this application	N
Street1	Enter the primary street address for the person to be contacted on matters related to this application	Y
Street2	Enter the second level street address for the person to be contacted on matters related to this application	N
City	Enter the city for the address of the person to be contacted on matters related to this application	Y
County/Parish	Enter the county or parish for the address of the person to be contacted on matters related to this application	N
State	Country is United States or United States Territories - Required: Enter the state for the address of the person to be contacted on matters related to this application. All Other Applicants: Leave this field blank	X
Province	Country is Canada - Required: Entry Canadian Province for the address of the person to be contacted on matters related to this application. All Other Applicants: Leave this field blank	X
Country	Select the country for the address of the person to be contacted on matters related to this application.	Y
Zip/Postal Code	Address in the United States - Enter the Zip + 4 (9-digit) United States Postal Code All Other Applicants: Enter the applicant organization's postal code for its address reported above	Y
Phone Number	Enter the daytime phone number for the person to be contacted on matters related to this application	Y
Fax Number	Enter the fax number for the person to be contacted on matters related to this application	N
Email	Enter the email address for the person to be contacted on matters related to this application. Only one email address may be entered.	N
Block 6--Employer Identification (EIN) or (TIN)		
EIN or TIN	Applicant Organization in United States: Enter the full employer or taxpayer identification number (EIN) or (TIN) as assigned by the Internal Revenue Service for the applicant organization. All Other Applicants: Enter 44-4444444	Y
Block 7--Type of Applicant		
Type of Applicant	Select appropriate entity type from the drop-down menu in the first field. If the applicant type is not specified, select "Other (Specify)" and complete the field below.	Y
Other (Specify)	Specify only if "Other (Specify)" selected on drop down menu in the first field.	X

Small Business Organization Type	If "Small Business" has been selected in the first field of Block 7, check if appropriate: Women Owned: a business that is at least 51% woman or women owned and who also control and operate it. Socially and Economically Disadvantaged: a business that has been approved by the Small Business Administration pursuant to section 8(a) of the Small Business Act, 15 U.S.C. § 637(a).	X
Block 8--Type of Application		
General	Select the type of application based on the definitions below. Select only one application type.	Y
New	Select New if the application is being submitted for the first time.	
Resubmission	Select Resubmission when submitting a revised (altered or corrected) or amended application.	
Renewal	Select Renewal if requested additional funding for a period subsequent to that provided for in a current award; renewal applications are competed against other applications as new, unless explicitly stated otherwise.	
Continuation	Select Continuation only if the NOFO, or other NIST guidance, specifies use of this field.	
Revision	Select this option if submitting application for supplemental funding to an existing award for use during the existing period of performance. Supplemental funding may include either 1) additional funding to meet increased costs, within scope of the approved project, but were unforeseen at award, or 2) an increase in support for expansion or revision to the project's scope of work. All supplemental funding requests require review and evaluation.	
If revision, mark appropriate box(es):	If a revision, enter appropriate letter(s). More than one may be selected. If "Other" is selected, specify in text box in E.	X
	A. Increase award	
	B. Decrease award	
	C. Increase duration	
	D. Decrease duration	
	E. Other (specify)	
Is this application being submitted to other agencies?	Select "Yes" if one or more primary component of your application is contained in a similar, or substantially identical application to another Federal agency. All others check "No"	Y
What other agencies?	Required if answered "Yes" to previous field. Identify agencies if same application is submitted to other agencies.	X
Block 9--Name of Federal Agency		
General	<i>Leave Blank - this field will auto-populate upon application submission</i>	N
Block 10--Catalog of Federal Domestic Assistance Number		
Number	<i>Leave Blank - this field will auto-populate upon application submission</i>	N

Title	<i>Leave Blank - this field will auto-populate upon application submission</i>	N
Block 11--Descriptive Title of Applicant's Project		
General	Enter a brief descriptive title of the project for which you are seeking assistance.	Y
New Applications	Titles must be unique to each application submitted. If an organization is submitting multiple applications under one NOFO or substantially similar applications to multiple Federal agencies, a unique title must be assigned to each application.	
Resubmission or Renewal Applications	The title for a resubmission or renewal application should be the same as the original, or most previous, application. If the scope of work has been drastically changed, a new title may be assigned but is not required.	
Revision Applications	The title for a revision application must be identical to the original submission.	
Block 12--Proposed Project - Required		
Start date	Enter the proposed start date of the project; this is an estimate.	Y
End date	Enter the proposed end date of the project; this is an estimate and must not cause the period of performance to exceed any restrictions established by the NOFO.	Y
Block 13--Congressional District of Applicant - Required		
Congressional District	Enter the Congressional district in this format: 2 characters, State abbreviation - 3 characters district number. To find your Congressional district, go to http://www.house.gov/representatives/find/ and search using your USPS ZIP + 4.	Y
States and US Territories	Enter the state abbreviation followed by the corresponding congressional district (e.g. CA-012, MD-002). If multiple Congressional districts in a state are affected, enter "all" for the district number, for example, MD-all.	
Jurisdictions with No Representative	Enter state abbreviation followed by 099 (e.g. PR-099)	
Jurisdictions with Nonvoting Delegate	Enter state abbreviation followed by 098 (e.g. DC-098)	
Outside of the US and Territories	Enter 00-000	
Block 14--Project Director/Principal Investigator Contact Information		
General	The Project Director/Principal Investigator is the individual responsible for the overall scientific/technical direction of the project. If there are multiple PIs, the individual listed here should be the first individual listed in the R&R Senior/Key Person Profile. See the SF-424 R&R Senior/Key Personnel Profile Instructions for additional information for projects with multiple PIs.	
Prefix	Select or enter the appropriate prefix for the PI, if applicable	N

First Name	Enter the first name of the PI	Y
Middle Name	Enter the middle name, if applicable, of the PI	N
Last Name	Enter the last name (surname or family name) of the PI	Y
Suffix	Select or enter the suffix for the PI, if applicable	N
Position/Title	Enter the position or title for the PI	N
Organization Name	Enter legal name of organization	Y
Department	<i>Enter the department, laboratory or equivalent within the organization of the PI, if applicable</i>	N
Division	<i>Enter the primary division, office, or subdivision within the organization of the PI, if applicable</i>	N
Street1	Enter the primary street address for the PI	Y
Street2	Enter the second level street address for the PI	N
City	Enter the city for the address of the PI	Y
County/Parish	Enter the county or parish for the address of the PI	N
State	Country is United States or United States Territories - Required: Enter the state for the address of the PI All Other Applicants: Leave this field blank	X
Province	Country is Canada - Required: Enter Canadian Province for the address of the PI All Other Applicants: Leave this field blank	X
Country	Select the country for the address of the PI	Y
Zip/Postal Code	Address in the United States: Enter the Zip + 4 (9-digit) United States Postal Code All Other Applicants: Enter the applicant organization's postal code for its address reported above	Y
Phone Number	Enter the daytime phone number for the PI	Y
Fax Number	Enter the fax number for the PI	N
Email	Enter the email address for the PI	Y
Block 15--Estimated Project Funding		
a. Total Federal Funds Requested	Enter the total Federal funds, including direct and indirect costs, being requested for the full project period	Y
b. Total Non-Federal Funds	Enter the total non-Federal funds, if cost sharing is required in the NOFO. This amount should represent the total non-Federal funds for the full project period. If cost sharing is not required by the NOFO, enter "0"	Y
c. Total Federal & Non-Federal Funds	Enter the total of the above two lines (Total Federal Funds Requested + Total Non-Federal Funds)	Y

d. Estimated Program Income	Enter the estimated program income for the proposed project, if applicable. If no program income is anticipated, enter "0"	Y
Block 16--Is Application Subject to Review by State Executive Order 12372 Process?		
a. YES	Select Yes only if the NOFO, or other instruction, indicates that the preapplication or application was made available to the state pursuant to EO 12372.	Y
b. NO	Select NO if the program is not covered by EO 12372 or was not selected for review. <i>(Most applications will select NO)</i>	
Block 17--Certification and Agreement		
Certification	The applicant organization is required to verify its eligibility and its conformance with the most current guidelines and assurances required by the NOFO (e.g. Lobbying, Federal Debt, Debarment, Suspension, Ineligibility and Voluntary Exclusion) as stated in the certification in this Block 17.	Y
Block 18--SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation		
SFLLL or Other	Attach the SFLLL, or other explanatory document, as indicated in the NOFO Additionally, if the applicant organization is not able to certify to the statement(s) in Block 17, an explanation may be attached in this section.	X
Block 19--Authorized Representative		
General	The Authorized Organizational Representative (AOR) is the individual with authority to sign the application.	X
Prefix	Select or enter the appropriate prefix for the AOR, if applicable	N
First Name	Enter the first name of the AOR	Y
Middle Name	Enter the middle name, if applicable, of the AOR	N
Last Name	Enter the last name (surname or family name) of the AOR	Y
Suffix	Select or enter the suffix for the AOR, if applicable	N
Position/Title	Enter the position or title for the AOR	N
Organization	Enter legal name of organization	Y
Department	<i>Enter the department, laboratory or equivalent within the organization of the AOR, if applicable</i>	N
Division	<i>Enter the primary division, office, or subdivision within the organization of the AOR, if applicable</i>	N
Street1	Enter the primary street address for the AOR	Y

Street2	Enter the second level street address for the AOR	N
City	Enter the city for the address of the AOR	Y
County/Parish	Enter the county or parish for the address of the AOR	N
State	Country is United States or United States Territories - Required: Enter the state for the address of the AOR All Other Applicants: Leave this field blank	X
Province	Country is Canada - Required: Enter Canadian Province for the address of the AOR All Other Applicants: Leave this field blank	X
Country	Select the country for the address of the AOR	Y
Zip/Postal Code	Address in the United States: Enter the Zip + 4 (9-digit) United States Postal Code All Other Applicants: Enter the AOR's postal code for its address reported above	Y
Phone Number	Enter the daytime phone number for the AOR	Y
Fax Number	Enter the fax number for the AOR	N
Email	Enter the email address for the AOR	Y
Signature of Authorized Representative	<i>Leave this field blank.</i>	N
Date Signed	<i>Leave this field blank.</i>	N
Block 20--Pre-application		
Pre-Application Attachment	Only upload documents to this field if so instructed by the NOFO.	X
Block 21--Cover Letter Attachment		
Cover Letter Attachment	Refer to the NOFO for specific requirements of the cover letter.	X