

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier
b. Agency Routing Number

2. DATE SUBMITTED **Applicant Identifier**

5. APPLICANT INFORMATION * Organizational DUNS:

* Legal Name:

Department: Division:

* Street1:
 Street2:

* City: County / Parish:

* State: Province:

* Country: USA: UNITED STATES * ZIP / Postal Code:

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:

* Phone Number: Fax Number:
 Email:

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

7. * TYPE OF APPLICANT: Please select one of the following
 Other (Specify):

Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

New Resubmission Renewal Continuation Revision

If Revision, mark appropriate box(es).
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify):

* Is this application being submitted to other agencies? Yes No What other Agencies?

9. * NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:
 * Start Date * Ending Date

*** 13. CONGRESSIONAL DISTRICT OF APPLICANT**

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:
 * Last Name: Suffix:

Position/Title:

* Organization Name:

Department: Division:

* Street1:
 Street2:

* City: County / Parish:

* State: Province:

* Country: USA: UNITED STATES * ZIP / Postal Code:

* Phone Number: Fax Number:
 * Email:

Exhibit 1. The SF-424 (R&R) Form.

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width: 150px;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>d. Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text"/></p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p>17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</p> <p><input type="checkbox"/> * I agree</p> <p><small>* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.</small></p>	
<p>18. SFLLL or other Explanatory Documentation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Add Attachment Delete Attachment View Attachment </div>	
<p>19. Authorized Representative</p> <p>Prefix: <input style="width: 80px;" type="text"/> * First Name: <input style="width: 250px;" type="text"/> Middle Name: <input style="width: 180px;" type="text"/></p> <p>* Last Name: <input style="width: 450px;" type="text"/> Suffix: <input style="width: 100px;" type="text"/></p> <p>* Position/Title: <input style="width: 350px;" type="text"/></p> <p>* Organization: <input style="width: 450px;" type="text"/></p> <p>Department: <input style="width: 220px;" type="text"/> Division: <input style="width: 220px;" type="text"/></p> <p>* Street1: <input style="width: 420px;" type="text"/></p> <p>Street2: <input style="width: 420px;" type="text"/></p> <p>* City: <input style="width: 260px;" type="text"/> County / Parish: <input style="width: 220px;" type="text"/></p> <p>* State: <input style="width: 430px;" type="text"/> Province: <input style="width: 220px;" type="text"/></p> <p>* Country: <input style="width: 420px;" type="text" value="USA: UNITED STATES"/> * ZIP / Postal Code: <input style="width: 220px;" type="text"/></p> <p>* Phone Number: <input style="width: 180px;" type="text"/> Fax Number: <input style="width: 180px;" type="text"/></p> <p>* Email: <input style="width: 450px;" type="text"/></p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">Completed on submission to Grants.gov</div> </div> <div style="width: 45%;"> <p>* Date Signed</p> <div style="border: 1px solid black; padding: 2px; text-align: center;">Completed on submission to Grants.gov</div> </div> </div>	
<p>20. Pre-application</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Add Attachment Delete Attachment View Attachment </div>	

INSTRUCTIONS FOR FILLING OUT THE SF-424 (R&R) Form

These instructions for the SF-424 (R&R) form have been developed for use under the Technology Innovation Program (TIP) and are only applicable for proposals submitted to TIP. Some of the items are required and some are optional. Required items are identified with an asterisk on the form and are specified in the instructions below.

1. Type of Submission (Required): Select Application.
2. Date Submitted/Applicant Identifier: Enter date of proposal submission. Applicant Identifier: Not applicable; leave blank.
3. Date Received by State & State Application Identifier: Not applicable; leave blank.
4. a. Federal Identifier: Enter the TIP competition number provided in the Federal Funding Opportunity notice that corresponds to the competition for which you are applying.
b. Agency Routing Number: Leave blank.
5. Applicant Information/Organizational DUNS (Required): Enter the organization's 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) received from Dun and Bradstreet. Information on obtaining a DUNS number is available at <http://www.nist.gov/tip/helpful-resources.cfm>. The applicants' nine-digit DUNS number must be consistent with the information on the Central Contractor Registration (CCR) (www.ccr.gov) and Automated Standard Application for Payment System (ASAP). For complex organizations with multiple DUNS numbers, the DUNS number MUST be the number for the applying entity. Entities that provide incorrect/inconsistent DUNS numbers may experience significant delays in submitting their proposals through Grants.gov and receiving funds if the proposal is selected for funding. Fill in Applicant Information as requested (i.e., name, address, etc.)
6. Employer Identification (Required): Enter the nine-digit Employer or Taxpayer Identification Number (EIN or TIN) as assigned by the Internal Revenue Service. For instructions on how to obtain an EIN, see <http://www.nist.gov/tip/helpful-resources.cfm>. The applicants nine-digit EIN or TIN must be consistent with the information on the Central Contractor Registration (CCR) (www.ccr.gov) and Automated Standard Application for Payment System (ASAP). For complex organizations with multiple EIN or TIN numbers, the EIN or TIN number MUST be the number for the applying entity. Entities that provide incorrect/inconsistent EINS or TINS may experience significant delays in submitting their proposals through Grants.gov and receiving funds if the proposal is selected for funding.
7. Type of Applicant: Click on the dropdown menu and enter the appropriate type. Large businesses are not eligible to apply.
8. Type of Application (Required): Select "New" if not previously submitted to a prior TIP competition. Select "Resubmission" if proposal was submitted to a prior TIP competition.
9. Name of Federal Agency (Required): Enter NIST.
10. Catalog of Federal Domestic Assistance Number/Title: Enter 11.616 TIP.
11. Descriptive Title of Applicant's Project (Required): Enter a brief descriptive title of the project.
12. Proposed Project Start and End Dates (Required): Self explanatory.
13. Congressional District of Applicant (Required): Self explanatory.
14. Project Director/Principal Investigator Contact Information: Self explanatory.
15. Estimated Project Funding (Required):
 - a. Total Federal Funds Requested: Enter total funds requested from TIP (i.e., for Single applicant, NIST-1022E, line H, Total; for Joint Venture, NIST-1022F, line H, Total).
 - b. Total Non-Federal Funds: (i.e., for Single applicant, NIST-1022E, lines I+J, Total; for Joint Venture, NIST-1022F, lines I+J, Total).
 - c. Total Federal & Non-Federal Funds: (i.e., for Single applicant, NIST-1022E, line K, Total; for Joint Venture, NIST-1022F, line K, Total).
 - d. Estimated Program Income: Enter 0
16. Is Application Subject to Review by State Under Executive Order 12372 Process? Select "NO. Program is not covered by E.O. 12372"
17. Self explanatory.
18. SFLLL or other Explanatory Documentation. Not applicable; leave blank.
19. Authorized Representative (Required): Self explanatory.
20. Pre-Application: Not applicable; leave blank.