

## Instructions for Application for Federal Assistance (SF-424)

This is a standard form required for use as a cover sheet for submission of applications to Federal agencies. Please follow these guidelines and sample face page to fill out this form prior to providing to your grant and contract administrator.

1. **Type of Submission:** Select one type of submission in accordance with agency instructions.

- Pre-application
- Application
- Changed/Corrected Application - Check if this submission is to change or correct a previously submitted application. Unless requested by the agency, applicants may not use this form to submit changes after the closing date.

2. **Type of Application:** Select one type of application in accordance with agency instructions.

- New - An application that is being submitted to an agency for the first time.
- Continuation - An extension for an additional funding/budget period for a project with a projected completion date. This can include renewals.
- Revision - Any change in the federal government's financial obligation or contingent liability from an existing obligation. If a revision, enter the appropriate letter(s). More than one may be selected. If "Other" is selected, please specify in text box provided.
  - Increase Award
  - Decrease Award
  - Increase Duration
  - Decrease Duration
  - Other (specify)

3. **Date Received:** Leave this field blank. This date will be assigned by the Federal agency.

4. **Applicant Identifier:** Leave this field blank.

5a. **Federal Entity Identifier:** Leave this field blank.

5b. **Federal Award Identifier:** For new applications leave blank. For a continuation or revision to an existing award, enter the previously assigned federal award identifier number. If a changed/corrected application, enter the federal identifier in accordance with agency instructions.

6. **Date Received by State:** Leave this field blank.

7. **State Application Identifier:** Leave this field blank.

**8. Applicant Information:** Enter the following in accordance with agency instructions:

- Legal Name: Enter University of Massachusetts
- Employer/Taxpayer Number (EIN/TIN): 043167352, for DHHS use 1043167352B4
- Organizational DUNS: 808008122
- Address: 100 Morrissey Boulevard, Boston, MA 02125-3393
- Organizational Unit: Enter the name of the primary organizational unit, department or division that will undertake the assistance activity.
- Name and contact information of person to be contacted on matters involving this application: Enter the name and contact information for your grant and contract administrator: [https://www.umb.edu/orsp/contact\\_us/by\\_dept](https://www.umb.edu/orsp/contact_us/by_dept)

**9. Type of Applicant:** H. Public/State Controlled Institution of Higher Education

**10. Name of Federal Agency:** Enter the name of the federal agency you are submitting this application.

**11. Catalog of Federal Domestic Assistance Number (CFDA):** Enter the CFDA number and title of the program, as found in the program announcement.

**12. Funding Opportunity Number:** Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested, as found in the program announcement.

**13. Competition Identification Number:** Leave this field blank.

**14. Areas Affected By Project:** This field is intended for use only by programs for which the area(s) affected are likely to be different than the place(s) of performance reported on the SF-424. Add attachment to enter additional areas.

**15. Descriptive Title of Applicant's Project:** Enter a brief descriptive title of the project.

**16. Congressional Districts Of:**

- 15a: Enter MA-008
- 15b: Enter MA-008. 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. Attach an additional list of program/project congressional districts, if needed.

**17. Proposed Project Start and End Dates:** Enter the proposed start date and end date of the project.

**18. Estimated Funding:** Enter the amount requested, or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines, as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses.

- a) Federal: total budget request
- b) Applicant: 0
- c) State: 0
- d) Local: 0

- e) Other: 0
- f) Program Income: 0
- g) TOTAL: Total budget

19. **Is Application Subject to Review by State Under Executive Order 12372 Process?** Check off "c", program is not covered by E.O 12372.

20. **Is the Applicant Delinquent on any Federal Debt?** Select box "no".

21. **Authorized Representative:** Enter:

Name: Shala Bonyun  
Title: Assistant Director of ORSP  
Tel #: 617-287-5370  
Fax #: 617-287-5396  
Email: orsp@umb.edu