

SF424 (R&R) Guide

Following are detailed instructions to guide you as you complete the SF424 R&R form (also known as “Application for Federal Assistance SF-424 Research & Related).

Please note: This is NOT a substitution for reviewing the instructions in the program announcement or agency application instructions!

Section number and name	Instructions
1. Type of Application	<ul style="list-style-type: none"> • Pre-application - Not used unless specifically instructed to in Funding Opportunity Announcement. • Application – Use this for all new applications. • Changed/Corrected Application – If requested by the agency, use this to change or correct a previously submitted application.
2. Date Submitted	Leave this field blank, this will be automatically filled out when the application is submitted.
Applicant Identifier	Enter the entity identifier assigned by the Federal agency, if any, or the applicant’s control number if applicable.
3. Date Received by State / State Application Identifier	Leave this field blank, this will be filled by the state if applicable.
4. a. Federal Identifier	<p>This is the award identifier assigned by the federal agency</p> <ul style="list-style-type: none"> • New awards: Leave blank • Continuation or Revision to an existing award: Enter previously assigned Federal award identifier. • Corrected Application: Enter the federal award identifier in accordance with agency instructions <p>Always check your FOA or instructions for specific formatting.</p>
5. Applicant Information	<ul style="list-style-type: none"> • Organizational DUNS – Each campus should use its assigned DUNS # for all proposal submissions. <p style="margin-left: 40px;">UH Manoa - 965088057 UH Hilo - 195738039 UH West Oahu - 195737551 UH Maui College - 195736207 UH System - 078495204 Hawaii CC - 195737056 Honolulu CC - 195736801 Kapiolani CC - 195736512 Kauai CC - 195736348 Leeward CC - 195736272 Windward CC – 195306753</p> <ul style="list-style-type: none"> • Legal Name – University of Hawaii • Department – Leave blank • Division – Leave blank • Street1 – 2440 Campus Road, Box 368 • Street2 –

	<ul style="list-style-type: none"> • City – Honolulu • County / Parish – Leave blank • State – HI: Hawaii • Province – Leave Blank • Country – USA: UNITED STATES • ZIP / Postal Code – 96822-2234
Person to be contacted on matters involving this application	This section should be filled with the Authorized Organization Representative's information. See section 19 for more information.
6. Employer Identification (EIN) or (TIN)	99-6000354
7. Type of Applicant	H: Public/State Controlled Institution of Higher Education
8. Type of Application	<p>Select one type of application as instructed by your sponsor. Some guidance:</p> <ul style="list-style-type: none"> • New – An application being submitted to an agency for the first time. • Resubmission: An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration. • Renewal – An application requesting funding for a period subsequent to that provided by a current award. • Continuation – A non-competing application for an additional funding/budget period within a previously approved project period. • Revision – An application that proposes a change in: 1) The Federal Government's financial obligations or contingent liability from an existing obligation; or 2) any other change in the terms and conditions of the existing award.
9. Name of Federal Agency	Name of the granting agency – this field is pre-filled based on the FOA.
10. Catalog of Federal Domestic Assistance Number / Title	This is the CFDA Number and Title of the opportunity – this field is pre-filled based on the FOA.
11. Descriptive title of applicant's project:	Enter the name of the PI's proposed project
12. Proposed Project:	Enter the proposed Start and End dates of the project
13. Congressional District of Applicant	The congressional district of the University of Hawaii – HI-001

14. Project Director/Principal Investigator Contact Information	The contact information for the Principal Investigator.
15. Estimated Project Funding	<p>a. Federal: Enter the proposed federal funding for this project</p> <p>b. Non-Federal: Enter the proposed funding for the project from non-federal sources</p> <p>c. Total Federal & Non-Federal Funds: Add fields a. and b.</p> <p>d. Estimated Program Income: Identify any program income estimated for this project period if applicable.</p>
16. Is application subject to review by state executive order 12372 process?	<p>Check the following box</p> <p>b. No “or program has not been selected by state for review”</p> <p>For more information see:</p> <ul style="list-style-type: none"> • Definition of Executive Order 12372 • State Single Point of Contact (SPOC)
17. By signing this....	Please read and check the box to agree to the certifications and assurances. This box must be checked.
18. SFLLL or other Explanatory Documentation	Standard form LLL, disclosure of Lobbying activities - Check the FOA if required for submission.
19. Authorized Representative	<p>Enter your Authorized Organization Representative’s Information.</p> <p>Please see the ORS website to determine which Pre-Award specialist is assigned to your unit.</p>