How to fill out the SF-424 form

APPLICATION FOR FEDERAL ASSISTANCE - SF-424

1.   Mark: Application

2.   Mark: New

3 – 7.   Leave blank

8.a.   Enter official name of your organization (name under which is registered). This must be the same name as your bank account number. If the organization has DUNS and is registered with SAM.gov then enter the registered name.

8.b.   Enter number: 44-4444444

8.c.   Enter DUNS number of organization. If you don't have DUNS number, please go to the following site http://fedgov.dnb.com/webform/searchAction.do and register for DUNS number, then you must register with www.sam.gov with exact information.

8.d.   Enter organization's address:
- Street and number:
- City:
- Country: Serbia

The rest of address information do not enter

8.e.   Leave blank

8.f.   Enter contact persons information (Organization's representative):
- First Name:
- Last Name:
- Title: list exact position of contact person or write "project coordinator"
- Telephone Number:
- E-mail:

As contact, please list a person who will be responsible for implementing the project (person who has the most knowledge about the application)

9.   In the filed "Type of Applicant 1: Select Applicant Type" please list max (3) three organizational types from the offered list:
- State Government
- County Government
- City or Township Government
- Special District Government
- Regional Organization

- Public/ State Controlled Institution of Higher Education
- Nongovernmental
- Nonprofit
- Private Institution of Higher Education
- Individual
- For-Profit Organization (Other than Small Business)
- Small Business
- Non-domestic (non-US) Entity
- Other (in this field specify the structure of your organization

10.　　　　Enter: U.S. Mission to Serbia

11-14.　　Leave blank

15.　　　　Enter the name of your project. If it is unclear from the title, then you must state it inf couple of sentences.

16.a – b.　Enter: 00-000

17.a – b.　Enter beginning and end date of your project.

18.a – g.　Enter total project budget:
   a) Request amount of the grant
   b) Cost share amount, which will be provided by other organizations or you
   c) Cost sharing by other government institutions
   d) Cost sharing by local government and community
   e) Cost sharing from others
   f) Planned earned income. Usually this is $0
   g) Total budget (add lines a through f)

19.　　　　Leave blank

20.　　　　Mark: No

21.　　　　Mark: I agree

Authorized representative: Enter information of one authorized representative who has signature authority.
- First Name:
- Last Name:
- Title: list title of person within the organization
- Telephone Number:
- Email:
- Signature of Authorized Representative: signature of authorized person

Scanned and signed SF424 (**in 1 PDF document and NOT 3 pages**) should be included in an e-mail BelgradeAFCP@state.gov and the original should be sent with the rest of paperwork.