

Instructions for Completing the SF 424M – Administration for Children and Families

This is a standard form (including the continuation sheet) required for use by State or Tribal agencies (applicant) as a cover sheet for submission of applications, plans, and related information under mandatory grant programs. Some of the items are required and some are optional at the discretion of the applicant or the Federal agency (agency). In addition to the instructions provided below, applicants must consult agency instructions to determine agency-specific requirements.

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- 1.a. **Type of Submission:** Select "Plan" or "Funding Request"
- 1.b. **Frequency:** Select "Annual" for the required annual submission of the form. Select "Other" for Interim Modifications. *Note: ALL TANF plans should be marked "Other".*
- 1.c. **Consolidated Application/Plan/Funding Request?** Leave blank
- 1.d. **Version:** Select one of the following:
 - "Initial" (first submission)
 - "Resubmission" (repeating a submission, at the request of the federal agency, not yet accepted or approved by ACF)
 - "Revision" (any change, initiated by the applicant, to a submission not yet accepted or approved by ACF)
 - "Update" (any change to an accepted or approved submission)
2. **Date Received:** Leave blank
3. **Applicant Identifier:** Leave blank
- 4.a. **Federal Entity Identifier:** Leave blank
- 4.b. **Federal Award Identifier:** Enter the federal grant number (if known)
5. **Date Received by State:** Leave blank
6. **State Application Identifier:** Leave blank
7. **Applicant Information:** Enter complete information for the applicant agency which will receive the grant funding as follows:
 - a. **Legal name:** Enter the legal name of the applicant agency
 - b. **Employer/Taxpayer Identification Number (EIN/TIN):** Enter the applicant agency's Employer/Taxpayer ID Number
 - c. **Organizational DUNS:** Enter applicant agency's DUNS or DUNS +4 number as provided by Dun and Bradstreet
 - d. **Address:** Enter applicant agency's complete address to include street address, city, State, country and Zip Code
 - e. **Organizational Unit:** Enter the name of the primary organizational unit within the applicant agency responsible for the grant

- f. **Name and contact information of person to be contacted on matters involving this submission:** Enter the name (first and last), title, telephone number, and email address of the person to contact on matters related to this application.

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- 8.a. **Type of Applicant:** Enter "A" for State Government. Enter "B" for Tribal Government
9. **Name of Federal Agency:** Hardcoded for "ACF"
10. **Catalog of Federal Domestic Assistance (CFDA) Number/Title:** Insert CFDA Number(s) and Title
11. **Descriptive Title of Applicant's Project:** Enter descriptive title of applicant's project
12. **Areas Affected by Funding:** Insert "Statewide" if the program is Statewide. If not, insert location within the State affected by the program.
13. **Congressional Districts of:**
 - a. **Applicant:** Enter Congressional District of the applicant agency's central office
 - b. **Program/Project:** Enter "Statewide"
14. **Funding Period:**
 - a. **Start Date:** Enter the proposed plan's start date
 - b. **End Date:** Enter the proposed plan's end date
15. **Estimated Funding:**
 - a. **Federal (\$):** Leave blank
 - b. **Match (\$):** Leave blank
16. **Is Submission Subject to Review by State Under Executive Order 12372 Process?**
Leave blank

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17. **Is the Applicant Delinquent on any Federal Debt?** Select the appropriate box as it applies to the applicant organization. If yes, an explanation must be provided on the continuation sheet.
18. **Authorized Representative:** Select "I Agree". The SF 424M must be signed and dated by an **authorized** representative of the applicant agency. Enter the name (first and last), title, telephone number, and email address of the person authorized to enter into agreements with the Administration for Children and Families.