

Instructions for Completing the SF-424M for State Child Support Agencies – OCSE

The SF-424M is a standard form (including the continuation sheet) that ACF requires every mandatory grant program to submit annually. Included below, we provide instructions for completing the form. The form should not be used for discretionary grant reporting (i.e., 1115, Special Improvement Project, or Access and Visitation grants).

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- 1.a. **Type of Submission:** Select “Funding Request”
- 1.b. **Frequency:** Select “Annual”
- 1.c. **Consolidated Application/Plan/Funding Request?** Leave blank
- 1.d. **Version:** Select “Initial” the first year and “Resubmission” in subsequent years
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 award identifier number; this is the Grant Document Number on the award letters.
5. **Date Received by State:** Leave blank
6. **State Application Identifier:** Leave blank
7. **Applicant Information:**
 - a. **Legal Name:** Enter Name of State Umbrella Agency
 - b. **Employer/Taxpayer Identification Number (EIN/TIN):** Enter Umbrella Agency EIN
 - c. **Organizational DUNS:** Enter Umbrella Agency DUNS or DUNS+4 number received from Duns and Bradstreet
 - d. **Address:** Enter Umbrella Agency Address
 - e. **Organizational Unit:** Enter Name of Single & Separate IV-D program
 - f. **Name and contact information of person to be contacted on matters involving this submission:** Enter name of contact person

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- 8.a. **Type of Applicant:** Enter “A” for State Government
9. **Name of Federal Agency:** Enter ACF
10. **Catalog Federal Domestic Assistance (CFDA) Number and Title:** Enter 93.563 and Child Support Enforcement
11. **Descriptive Title of Applicant’s Project:** Enter Title IV-D Child Support Enforcement
12. **Areas Affected by Funding:** Enter Statewide
13. **Congressional Districts**
 - a. **Applicant:** Enter All
 - b. **Program/Project:** Enter Statewide
14. **Funding Period**
 - a. **Start Date:** Enter 10/01/20XX (beginning of the federal fiscal year)
 - b. **End Date:** Enter 09/30/20XX (end of the federal fiscal year)
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 “No”
18. **Authorized Representative:** Select “I Agree.” Enter the name, title, telephone number, and email address of the person authorized to enter into agreements with ACF.