

TABLE 1.—ALL FEDERAL GRANT APPLICATION INFORMATION—Continued

SF-424 Caption or Block No.	SF-424 Description	194 Data element name for electronic submission
Descriptive Title of Applicant's Project (No 11).	Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For pre-application, use a separate sheet to provide a summary description of this project.	Application Title.

TABLE 2.—ORGANIZATION/APPLICANT INFORMATION

SF-424 Caption or Block No.	SF-424 Description	194 Data element name for electronic submission
DUNS New Addition	The DUNS number of the organization. (Subject to OMB approval of single identifier.)	Organization DUNS.
Applicant Name/Address (No. 5)	Legal name of applicant, name of primary organizational unit that will undertake the assistance activity, complete address of applicant, including country, if other than US, and name and telephone number and e-mail address of the person to contact on matters related to this application.	Organization Name.
Name of Federal Agency (No. 9)	Name of the Federal Agency from which assistance is being requested with this application.	Organization Type.
Organizational Unit (No. 5)	The department, service, laboratory, or equivalent level within the organization.	Department.
Organizational Unit (No. 5)	The division, office, or major subdivision of the organization	Division.
Employer Identification Number (No. 6).	Enter Employer's Identification Number (EIN) as assigned by the Internal Revenue Service.	Employer's Identification Number.
Type of Applicant (No. 7) New Addition: Not for Profit.	Enter the appropriate choice in the space provided to show the applicant type such as state or county. (List: State, County Municipal Township, Interstate, Intermunicipal, Special District, Independent School District, State Controlled Institution of Higher Learning, Private University, Indian Tribe, Individual, Profit organization, Not for Profit, Other (specify)).	Entity Type.
Congressional District (No. 14)	List the applicant's Congressional District and any (District(s) affected by the program or project.	Congressional District.

TABLE 3.—APPLICANT/INDIVIDUAL CONTACT INFORMATION

SF-424 Caption or Block No.	SF-424 Description	194 Data element name for electronic submission
Contact Person, Name (No. 5)	Type of individual associated with the business process of submitting the application.	Individual Type
Contact Person, Name (No. 5)	The individual's first name	First Name.
Contact Person, Name (No. 5)	The individual's last name	Last Name.
Contact Person, Name (No. 5)	The individual's middle name.	Middle Name
Contact Person, name (No. 5)	The individual's name prefix	Prefix.
Contact Person, Name (No. 5)	The individual's name suffix	Suffix.
Contact Person, Name (No. 18a) Authorized Representative, Title.	Position title of an individual	Title.
Date Signed (No. 18e)	Date Application Signed	Signature Date.

TABLE 4.—APPLICANT/INDIVIDUAL ADDRESS INFORMATION

SF-424 Caption or Block No.	SF-424 Description	194 Data element name for electronic submission
Address, City (No. 5)	City of an organization or individual	City.
Address, County (No. 5)	County of an organization or individual	County.
Address, State (No. 5)	State of an organization or individual	State.
Address (No. 5)	Street address of an organization or individual	Street Address.
Address, Zip Code (No. 5)	Zip code of an organization or individual	Zip Code.
Contact Person, Telephone (No. 5)	Telephone number for an organization or individual.	Telephone Number.
Fax Number New Addition	Fax number for an organization or individual ..	Fax Number.
E-Mail Address New Addition	E-Mail address for the individual	E-Mail address.
Country New Addition	Country of an organization or individual	Country.