

Instructions for Completing SF424R&R

Following are detailed instructions to guide you as you complete the SF424R&R form. Information from this form will be used to pre-populate other forms, so complete it first!

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

Section No. and Name	Information to Enter
1. Type of Submission	<ul style="list-style-type: none"> Pre-application - instructed not to use unless specifically noted in FOA Application - use this for all new applications, and most others Changed/Corrected Application - To be used only when correcting an application that failed system validations at the sponsor level. This is NOT a resubmission (amendment).
2. Date Submitted Applicant Identifier	<p>This will automatically populate when the application is submitted to the federal agency or state if applicable</p> <p>leave blank</p>
3. Date Received by State State Applicant Identifier	<p>Leave this field blank. This date will be assigned by the State, if applicable.</p> <p>Leave this field blank. This date will be assigned by the State, if applicable.</p>
4. a. Federal Identifier b. Agency Routing Identifier	<ul style="list-style-type: none"> New: 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. <ul style="list-style-type: none"> PHS Agencies: Enter the Grants.gov tracking number assigned to the application that you are correcting. If you are unable to recall the tracking number, enter "N/A". ALL Applications: Always check your FOA or instructions for specific formatting! Applicants to NIH and other PHS agencies should complete this field when submitting a resubmission, renewal or revision application: If a grant number already exists for a grant application (i.e., a renewal, revision, or resubmission) the federal identifier <i>will always be the grant number</i>, even if you are submitted a changed corrected application; e.g., if the grant number is 1 R01 CA123456-01, you would enter CA123456 as the federal identifier). <p>Leave blank unless instructions indicate an agency-assigned routing identifier.</p>

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5. Applicant Information	<p>This section contains information about the applicant organization (i.e.: Stanford University)</p> <ul style="list-style-type: none"> • DUNS Number Enter this DUNS number in this format: 009214214 (don't add dashes or zeros, Grants.gov will reformat to look like: 0092142140000) • Legal Name Must be entered exact: “Board of Trustees of the Leland Stanford Junior University” • Department Use name and address as specified below: <ul style="list-style-type: none"> ○ School of Medicine Use: Research Management Group (RMG) 301 Ravenswood Avenue Menlo Park, CA 94025-3434 ○ All Other Schools Use: Office of Sponsored Research (OSR) 340 Panama St. Stanford, Santa Clara County, CA 94305-4100 (4-digit ID Mail Code) • Division Enter your school affiliation; (e.g.: School of Engineering, School of Education, School of Medicine, etc.) • Person to be contacted on matters involving this application <ul style="list-style-type: none"> ○ School of Medicine: Your RPM http://med.stanford.edu/rmg/contact.html ○ All Other Schools: Your OSR Contract & Grant Officer http://ora.stanford.edu/grantsgov/osr_contacts.asp
6. Employer Identification <i>(this is our Federal Taxpayer Identification Number)</i>	<p>Use: 941156365 for all applications except those for DHHS agencies (NIH, CDC, FDA, etc.)</p> <ul style="list-style-type: none"> • DHHS Agencies (using Version 2 forms) use: 1941156365A1
7. Type of Applicant	<p>Always choose Private Institution of Higher Education (often choice O. on the dropdown, but may be different)</p> <p><i>Note:</i> The Other (specify) section will not highlight and you cannot choose “Woman Owned” or “Socially and Economically Disadvantaged”</p>

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8. Type of Application	<ul style="list-style-type: none"> • New: An application that is being submitted to an agency for the first time. • Resubmission (NIH Revision): An application that has been previously submitted, but was not funded, and is being resubmitted for new consideration. • Renewal (NIH Competing Continuation): An application requesting additional funding for a period subsequent to that provided by a current award. A renewal application competes with all other applications and must be developed as fully as though the applicant is applying for the first time. • Continuation (NIH Progress Report): A non-competing application for an additional funding/budget period within a previously approved project period. • Revision (NIH Supplement-check instructions for whether or not Grants.gov application is necessary): An application that proposes a change in: <ol style="list-style-type: none"> 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. <p>-----</p> <p>If Revision, mark appropriate box(es) You can only complete this section if you chose “Revision” in the “Type of Application” above</p> <p>Is this application being submitted to other agencies Answer “YES” or “NO” If you answer yes, a box will open and you must list the other agencies (not much room, so use acronyms). This applies to federal agencies.</p>
9. Name of Federal Agency	This will pre-populate based on the FOA
10. Catalog of Federal Domestic Assistance Number	This is the CFDA and will pre-populate based on the FOA
11. Descriptive Title of Applicant’s Project	Enter the PIs title of the project. <ul style="list-style-type: none"> • A “new” application must have a different title from any other PHS project with the same PD/PI. • A “resubmission” or “renewal” application should normally have the same title as the previous grant or application. If the specific aims of the project have significantly changed, choose a new title. • A “revision” application must have the same title as the currently funded grant. NIH and other PHS agencies limit title character length to 81 characters, including the spaces between words and punctuation. Titles in excess of 81 characters will be truncated.
12. Proposed Project	Enter the Start and End dates of the project
13. Congressional District of Applicant	CA-014

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Section No. and Name	Information to Enter
14. Project Director/ Principal Investigator Contact Information	<p>These fields will be populated by information entered in Section 5 above. Change to PI's mailing address.</p> <p>NIH Apps: Change Institution Name to "Stanford University" to match NIH eCommons Profile.</p>
15. Estimated Project Funding	<p>a. Total Federal Funds Requested: Enter the federal funds requested for this application; include all project periods</p> <p>b. Total Non-Federal Funds: Enter the non-federal funds requested for this application; include all project periods</p> <p>c. Total Federal & Non-Federal Funds: Enter all funds requested for this project, ; include all project periods</p> <p>d. Estimated Program Income: If you estimate this project will result in program income, enter the anticipated amount. For additional information on program income, check the ORA website: http://ora.stanford.edu/ora/rapc/prog_income.asp</p>
16. Is Application Subject to Review by State Executive Order 12372 Process?	<p>Most of the time the answer will be b. NO</p> <ul style="list-style-type: none"> • Program is not covered by E.Q.12372; or • Program has not been selected by state for review <p>If a program is subject to state review under Executive Order 12372, the program announcement should clearly state so. If you have questions on this, you can check these websites:</p> <ul style="list-style-type: none"> • Definition of Executive Order 12372 • State Single Point of Contact (SPOC)
17. By signing this...	These are the certifications and assurances. The box must be checked.
18. SFLLL or Other Explanatory Documentation	This is a section to attach documents on lobbying activities – leave it blank unless specified by program announcement to attach a document.
19. Authorized Representative	These fields will be populated by information entered in Section 5 above. Modify as necessary (e.g., type in the Institutional Representative's name, phone, etc.)
20. Pre-application	If you were instructed to select Pre-Application in Box 1. above, create a summary description of the project based on the announcement and/or agency specific instructions in a separate document (PDF) and attach it here.