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	• **Pre-application** – unless specifically noted in the FOA, the pre-app option is not used by NIH • **Application** - use this for all **new** applications • **Changed/Corrected Application** - to be used by the Institutional Official only when correcting an application that failed system validations at the sponsor level. This is NOT a resubmission (amendment). This option will require completion of box 4a.
2. Date Submitted **Applicant Identifier**	Your Institutional Official may input the date s/he submitted the application to the Sponsor, but please note this is not a required field. Leave this field blank.
3. Date Received by State **State Applicant Identifier**	Leave this field blank. This date will be assigned by the State, if applicable. Leave this field blank. This date will be assigned by the State, if applicable.

4a. Federal Identifier	• **New:** Leave blank.
	• **Changed/Corrected "New" Application**: Enter the Grants.gov Tracking Number; if you can't recall it, enter "N/A"
	• **New following Pre-application**: Enter the agency-assigned pre-application number
	• **Continuation, Revision, or Renewal to an existing award:** Enter previously assigned Federal Award Identifier *(even if submitting a "changed/corrected application)*.
	
	Existing definitions for NIH and other PHS agencies applications are somewhat different:
	
	    o New is the same; i.e., an application that is submitted for the first time.
	    o Resubmission is equivalent to NIH and other PHS agencies Revision; i.e., a revised or amended application.
	    o Renewal is equivalent to NIH and other PHS agencies Competing Continuation, and is very rare for fellowship programs.
	    o Continuation is equivalent to NIH and other PHS agencies Progress Report. For the purposes of NIH and other PHS agencies, the box for Continuation will **not** be used.
	    o Revision is somewhat equivalent to NIH and other PHS agencies Competing Supplement. Applicants should contact the awarding agency for advice on submitting any revision/supplement application.

4b. Agency Routing Identifier	Leave blank unless instructions indicate an agency-assigned routing identifier.
4c. Previous Grants.gov Tracking ID	Enter the previous Grants.gov tracking number, if applicable.

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5. **Applicant Information**	This section contains information about the applicant organization (i.e.: Stanford University)
	
	• **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:
	
	    o **School of Medicine Use:**
	    Research Management Group (RMG)
	    3172 Porter Drive
	    Palo Alto, Santa Clara County, CA 94304-1212
	
	    o **All Other Schools Use:**
	    Office of Sponsored Research (OSR)
	    3160 Porter Drive, Suite 100
	    Palo Alto, Santa Clara County, CA 94304-8445
	
	• **Division** Enter your school affiliation; (e.g., School of Medicine, School of Engineering, School of Education, etc.)
	
	• **Person to be contacted on matters involving this application –** Enter your Institutional Representative:
	
	    o **School of Medicine**: Your RPM
	    http://med.stanford.edu/rmg/contact.html
	
	    o **All Other Schools**: Your OSR Contract & Grant Officer
	    http://doresearch.stanford.edu/research-offices/sponsored-research-osr/pre-award-operations

6. **Employer Identification** *(this is our Federal Taxpayer Identification Number)*	Use 941156365 for all applications except those for Public Health Services (PHS) Sponsors. Use 1941156365A1 for NIH and all other Public Health Services (PHS) Sponsors.
7. **Type of Applicant**	Always choose **Private Institution of Higher Education** (often choice O. on the dropdown, but may be different) *Note:* The **Other (specify)** section will not highlight and you cannot choose "Woman Owned" or "Socially and Economically Disadvantaged"

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8. Type of Application	**New** An application being submitted to an agency for the first time **Resubmission** An application that has been previously submitted, but was not - funded, and is being submitted for new consideration **Renewal** 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** A non-competing application for an additional funding/budget period within a previously approved project period. **Revision** An application that proposes a change in: 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. ***NIH Interpretation of the Grants.gov Terminology*** **New** is the same (new) **Resubmission** is equivalent to a **Revision** (*a revised or amended application*) **Renewal** is equivalent to a **Competing Continuation** **Continuation** is equivalent to a **Progress Report**. - For the purposes of NIH and other PHS agencies, the box for Continuation will **not** be used and should **not** be checked. **Revision** is equivalent to a **Competing Supplement** --- **If Revision, mark appropriate box(es)** You can only complete this section if you chose "Revision" in the "Type of Application" above **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.**
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. - 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 200 characters,** including the spaces between words and punctuation. Titles in excess of 81 characters will be truncated.

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Section No. and Name	Information to Enter
12. Proposed Project	Enter the Start and End dates.
13. Congressional District of Applicant	CA-014
14. Project Director/ Principal Investigator Contact Information	These fields will be populated by information entered in Section 5 above. **NIH Proposals**: **Change Institution Name to "Stanford University" and all other PI information to match NIH eCommons Profile.**
15. Estimated Project Funding	a. Total Federal Funds Requested: Enter the total funds requested for all project periods. b. Total Non-Federal Funds: Enter the non-federal funds requested for this application; include all project periods c. Total Federal & Non- Federal Funds: Enter all funds requested for this project, include all project period 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 DoResearch website:
16. Is Application Subject to Review by State Executive Order 12372 Process?	Most of the time the answer will be b. NO • Program is not covered by E.Q.12372; or • Program has not been selected by state for review • If a program is subject to state review under Executive Order 12372, the program announcement should clearly state so. The Catalog of Federal Domestic Assistance (CFDA) lists the federal programs subject to review. Select "Yes" for "Executive Order 12372" on the Advanced Search page.
17. Certification	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.
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.

When the SF424R&R form is complete, select the [Close Form] button, and then be sure to select the [Save] button on the Grant Application Package header page.