

SAMPLE Instructions File

Instructions for Application for Federal Domestic Assistance - Individual

| Item | Field Name | Information |
|------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | NAME OF FEDERAL AGENCY | Pre-populated from the Application cover sheet. |
| 2. | CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | Pre-populated from the Application cover sheet. |
| | CFDA TITLE: | Pre-populated from the Application cover sheet. |
| 3. | DATE RECEIVED | Completed by Grants.gov upon submission. |
| 4. | FUNDING OPPORTUNITY NUMBER: | Pre-populated from the Application cover sheet. |
| | TITLE: | Pre-populated from the Application cover sheet. |
| 5. | APPLICANT INFORMATION | |
| | a. Name and Contact Information | |
| | Prefix: | Select the Prefix from the provided list or enter a new Prefix not provided on the list. |
| | First Name: | Enter the First Name. This field is required. |
| | Middle Name: | Enter the Middle Name. |
| | Last Name: | Enter the Last Name. This field is required. |
| | Suffix: | Select the Suffix from the provided list or enter a new Suffix not provided on the list. |
| | Fax Number: | Enter the Fax Number. |
| | Email: | Enter a valid Email Address. |
| | Telephone Number (Daytime): | Enter the daytime Telephone Number. This field is required. |
| | Telephone Number (Evening): | Enter the evening Telephone Number. |
| | b. Address | |
| | Street1: | Enter the first line of the Street Address. This field is required. |
| | Street2: | Enter the second line of the Street Address. |
| | City: | Enter the City. This field is required. |
| | County / Parish: | Enter the County or Parish. |
| | State: | Select the state, US possession or military code from the provided list. This field is required if Country is the United States. |
| | Province: | Enter the Province. |
| | Country: | Select the Country from the provided list. This field is required. |
| | Zip / Postal Code: | Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if Country is the United States. |
| | c. Citizenship Status: | |
| | U.S. Citizenship? Yes / No | Select Yes if applicant is a citizen of the United States. Select No if applicant is a permanent resident and enter the Alien Registration #. Select No if applicant is a foreign national and enter the country of citizenship and start date of most recent |

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| | | residency in the United States. |
| | If No | |
| | If permanent resident of U.S., enter the Alien Registration # | Enter the Alien Registration Number. |
| | If foreign national, enter country of citizenship: | Select the Country from the provided list. This field is required if the applicant is not a U.S. Citizen. |
| | If foreign national, enter start date of most recent residency in U.S.: | Enter the start date of the most recent residency in the U.S. Enter in the format MM/DD/YYYY. This field is required if the applicant is not a U.S. Citizen. |
| | d. Congressional District of Applicant: | Enter the Congressional District in the format: 2 character State Abbreviation - 3 character District Number. Examples: CA-005 for California's 5th district, CA-012 for California's 12th district, NC-103 for North Carolina's 103rd district. This field is required. If outside the US, enter 00-000. |
| 6. | Project Information | |
| | a. Project Title | Enter a brief, descriptive title of the project. |
| | b. Project Description | Enter a brief description of the project. This field is required. |
| | c. Proposed Project | Start Date: Enter the start date for the proposed project. Enter in the format MM/DD/YYYY. This field is required. End Date: Enter the end date for the proposed project. Enter in the format MM/DD/YYYY. This field is required. |
| 7. | * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001) ** I AGREE | Check to select. This field is required. |
| | ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. | |
| | Signature | Completed by Grants.gov upon submission. |
| | Date Signed | Completed by Grants.gov upon submission. |