

XML Schema Implementation Guide



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1.0 INTRODUCTION

This document is intended for a technical audience. It has been developed to accompany and document the XML Schema for Grants developed by the Federal initiative Grants.gov. (See www.Grants.gov.) The purpose of this Implementation Guide is to provide background for the schema development and interpretive information related to the “Core” grants data for electronic grants processing through exchange of information through electronic forms and data sets through the Grants.gov “storefront” that acts as a “trusted broker” to accept electronic grants information through electronic forms and data sets sent from submitting applicant and grantee organizations to Federal agencies. The XML Schema and Implementation Guide are a part of the Grants.gov Integration Toolkit.

2.0 METHODOLOGY FOR SCHEMA DEVELOPMENT

2.1 ISO 11179 CONVENTIONS AND STANDARDS

ISO/IEC 11179 is a global standard that provides guidelines for standardizing and registering data elements. It enables the creation of a shared data environment in less time and with less effort than it takes for conventional data management methodologies. It consists of 6 parts:

- Specification and Standardization of Data Elements
- Classification of Data Elements
- Basic Attributes of Data Elements
- Rules for Data Definitions Naming and Identification of Data Elements
- Registering and storing Data Elements
- “Rules for Data Definition Naming and Identification of Data Elements” (Part 4) is being utilized in the Grants.gov Data Modeling and Analysis effort. This part uses a multi-part naming convention for data elements. This naming convention has three major parts:
 - Object Class: Represents an activity or object in a context. It essentially answers the question “What is this data element about?” (e.g., Organization, Address, Project)
 - Property Term: Further distinguishes the data element from other data elements of the same Object Class. (e.g., Name, City, Start)
 - Representation Term: Describes the representation format of a data element. (e.g., Text, Date, Code, Amount). For example, “full names” can be constructed from these parts such as: OrganizationNameText, AddressCityText, ProjectStartDate

Additional name parts known as “qualifiers” are used when needed. Qualifiers are used when the three data element name parts described earlier are not sufficient to uniquely identify a data element. Qualifiers can be added in front of an Object Class, a Property Term, or both. Examples include:

- OfficeAddressCityText (“Office” is a Qualifier for the “Address” Object Class.) This could be done to differentiate this data element from one named HomeAddressCityText

- OrganizationShortNameText (“Short” is a Qualifier for the “Name” Representation Term.) This could be done to differentiate this data element from one named OrganizationLongNameText

The following are examples from the Grants.gov schemas: SubmissionTypeCode, AgencyReceivedDate, OrganizationDepartmentName, FederalEstimatedAmount. Grants.gov XML schema documentation falls into four types:

- Schema: A listing of the XML data elements and element groups in alphabetical order.
- Document: A display of the data in logical order with sample data.
- Global schema: This schema contains reusable definitions such as field lengths. This is done so that one change could filter throughout a schema.
- Universal schema: This schema contains reusable international code lists (such as country codes).

2.2 USE AND INCORPORATION OF TRANSACTION SET 194

A fundamental concept of electronic commerce is the standardization of a common set of terms to be used by trading partners during business communications. Electronic standards for the Core grants data were developed in accordance to the Grants Data Dictionary Transaction Set 194 (TS 194) developed by the Inter-Agency Electronic Grants Committee (IAEGC). These data elements were assembled in 1997 from analysis of grant application and award forms used by Federal grant making agencies. Also included are data elements from the X12 Implementation Conventions (4010) for Transaction Set 194, Grant or Assistance Application and Transaction Set 850, Purchase Order. Members of the Research and Related Subcommittee and of the State, Local, Non-Profit and Other Subcommittee were instrumental in the analysis, review, and standardization of these data elements.

2.3 OMB POLICY FOR CORE DATA USING SF-424 SERIES FORMS

The SF-424 is the only government-wide Grant Application Form. It is used by approximately one fourth of Federal competitive discretionary programs. Therefore, it was used as initial basis for data defined as “Core” Grant Application data. “Core” data will be collected through Grants.gov. Required “core” data will be collected on all grant applications. In addition to Core data, agency-specific data may be collected for particular grant applications. Such a collect will be referred to as a “Core Plus” data collection.

2.4 SCHEMA HARMONIZATION

2.4.1 Central Contractor Registry

OMB has identified the Central Contract Registry as a database for Government-wide tracking of Organization information for Procurement. It is proposing policy to use it to also track Organization information for Grants Administration processes. Harmonization of Grants.gov Core data schemas was required. For example, the TS 194 specifies an Organization Name is 60 characters. The Central Contract Registry accommodates 120 characters, therefore the field length was adjusted to 120 characters.

2.4.2 Form display limitations

Some of the field lengths in the TS 194 became impractical to enforce or create in a physical representation of a form. For example, the TS 194 allows 256 characters for a telephone field length. This was impractical for display purposes and was reduced to 25. Similarly Project Title was allowed to be 4096. This was reduced to 200 characters.

2.5 APPROACHES CONSIDERED AND NAMING CONVENTIONS

The initial approach was “granular” and somewhat unstructured in regard to naming conventions. The naming conventions used did not allow easy understanding or interpretation of the data. For example: FedEstUnobAmount for the “Federal Estimated Unobligated Amount” on a Budget Information submission. Each data element or row of elements on a form was assigned a unique or “granular” attribute name, but to find different budget elements you had to look in alphabetical order under the first word used in the element name.

The second approach was “normalized” and highly structured. For example, budget line items were grouped together with subgroups defining the source of funds and sub-subgroups defining the purpose and activities of funds usage. Those various identifiers were then listed as code values. This approach was abandoned due to the inflexibility of conversion of schema data to COTS “forms” packages. The normalized structure would require individual coding (e.g., Java scripts) to be written to convert the “normalized” incoming XML data to a location on a form and to a field in a database. Since this negated the advantage of XML, this approach was abandoned in favor of a more granular approach. The “normalization” can be used through “metadata” management and data taxonomies.

The final approach was “granular” and more “structured” allowing for like data to be grouped through common naming conventions. In the example, the granular approach was used but more standard naming conventions were applied in order to group like items and find them alphabetically.

2.6 HEADER AND FOOTER DATA

2.6.1 Purpose for header and footer

Header and footer data can be described as “envelope” information that will be part of incoming and outgoing electronic data exchanged with a website such as Grants.gov. Header information will identify an XML data set and where the data is to be directed. Header information will be used for both incoming and outgoing data for electronic submissions to Grants.gov from a submitting organization (e.g., a grant applicant or recipient); and for data transmitted to an Awarding Agency.

Footer information will be used ONLY for outgoing data. It will contain information added to an XML data set by Grants.gov such as date and time the data is received by Grants.gov.

2.6.2 Data contained in header and footer

Header information will be hidden or buried inside of any downloadable form. However, for applicants or submitting organizations who use a system-to-system data transfer to Grants.gov, the information would need to be provided within the XML data. This includes such elements as AgencyName (Federal Agency that will receive the submission), CFDA Number (Federal Grant Program for related to the submission), SubmissionTitle (Applicant provided name of the submission for purposes of tracking.)

Footer information will be information added by Grants.gov to a submitted document before it is electronically sent to a Federal agency on a system-to-system exchange of XML data. It includes elements about the submission such as ReceivedDateTime, Grants_govTrackingNumber, HashValue.

3.0 DATA DEFINITIONS

3.1 TABLE OF CORE DATA

The following table lists the data that will be collected on all grant applications. It shows the XML element name, the SF-424 name, the type of data to be collected, whether it is required, its field length, and whether or not more than one occurrence or duplicate entry of the data is allowed. This reflects the XML Grants Data Dictionary Version 1.0 dated June 12, 2003. It also notes any changes from the proposed Core data elements posted on July 26, 2002.

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
1	1	SubmissionTypeCode	Type of Submission	Type of Submission - Application, Construction - Application, Non-Construction - Preapplication, Construction - Preapplication, Non-Construction	LIST	0	1	0	35	NO	NO	Changed MaxL to 35
2	2.1	SubmittedDate	Date Submitted	Date application submitted to Federal agency (or State if applicable)	DATE	0	1	0	8	NO	NO	
3	2.2	ApplicantID	Applicant Identifier	Applicant's control number (if applicable)	AN	0	1	0	30	NO	NO	
4	3.1	StateReceivedDate	Date Received by State	State use only (if applicable)	DATE	0	1	0	8	NO	NO	
5	3.2	StateID	State Application Identifier	State use only (if applicable)	AN	0	1	0	30	NO	NO	
6	4.1	AgencyReceivedDate	Date Received by Federal Agency	Date received by federal agency	DATE	0	1	0	8	NO	NO	Changed MinL to 0
7	4.2	FederalID	Federal Identifier	If this application is to continue or receive an existing award, enter present Federal identifier number. If for a new project, leave blank.	AN	0	1	0	30	NO	NO	Changed MinL to 0
8	5.01	OrganizationName	Applicant Information - Legal Name	Legal name of applicant	AN	1	1	1	120	NO	NO	
9	5.02	DUNSID	Applicant Information - Organizational DUNS	The DUNS or DUNS+4 number of the organization	AN	0	1	0	13	NO	NO	Changed MinL to 0
10	5.03	DepartmentName	Applicant Information - Organizational Unit, Department	Name of primary organizational department, service, laboratory, or equivalent level within the organization which will undertake the assistance activity	AN	0	1	0	30	NO	NO	Changed MinL to 0

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
11	5.04	DivisionName	Applicant Information - Organizational Unit, Division	Name of primary organizational division, office, or major subdivision which will undertake the assistance activity	AN	0	1	0	30	NO	NO	Changed MinL to 0
12	5.05	Street	Applicant Information - Address, Street	Street address of the applicant	AN	0	1	0	110	NO	NO	Changed to not required because of varying country standards. Will be enforced through forms validation, if required. Changed MinO to 0. Changed MinL to 0
13	5.06	City	Applicant Information - Address, City	City of the applicant	AN	0	1	0	35	NO	NO	Expanded to 35 from 30 because of CCR. Changed to not required. Changed MinO to 0. Changed MinL to 0
14	5.07	County	Applicant Information - Address, County	County of the applicant	AN	0	1	0	30	NO	NO	Changed to not required. Changed MinO to 0. Changed MinL to 0
15	5.08	StateCode	Applicant Information - Address, State	State of the applicant	ID	0	1	0	2	NO	NO	Changed to not required. Changed MinO to 0. Changed MinL to 0
16	5.09	ZipCode	Applicant Information - Address, Zip Code	Zip Code of the applicant	ID	0	1	0	15	NO	NO	Changed to not required. Changed MinO to 0. Changed MinL to 0
17	5.1	Country	Applicant Information - Address, Country	Country code of an organization or individual	LIST	0	1	0	3	NO	NO	Changed to not required. Changed MinO to 0.
18	5.11	NamePrefix	Contact Person - Prefix	Name prefix of the person to contact on matters related to this application	AN	0	1	0	10	NO	NO	Changed to not required. Changed MinO to 0.
19	5.12	GivenName1	Contact Person - First Name	First name of the person to contact on matters related to this application	AN	1	1	1	35	NO	NO	
20	5.13	GivenName2	Contact Person - Middle Name	Middle name of the person to contact on matters related to this application	AN	0	1	0	25	NO	NO	Changed MinO to 0.
21	5.14	FamilyName	Contact Person - Last Name	Last name of the person to contact on matters related to this application	AN	1	1	1	60	NO	NO	

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
22	5.15	NameSuffix	Contact Person - Suffix	Name suffix of the person to contact on matters related to this application	AN	0	1	0	10	NO	NO	Changed MinO to 0.
23	5.16	ElectronicMailAddress	Contact Person - Email	Email address of the person to contact on matters related to this application	AN	0	1	0	80	NO	NO	Shortened to 80 because of form length.
24	5.17	TelephoneNumber	Contact Person - Phone Number	Telephone number of the person to contact on matters related to this application	AN	1	1	1	25	NO	NO	Expanded to 25 from 10 because of CCR and international telephone exchanges
25	5.18	FaxNumber	Contact Person - Fax Number	Fax number of the person to contact on matters related to this application	AN	0	1	0	25	NO	NO	
26	6	EmployerID	Employer Identification Number (EIN)	Employer Identification Number (EIN) as assigned by the Internal Revenue Service	AN	1	N	9	30	YES	YES	Changed MinO to 1. Changed MaxO to N.
27	7.1	ApplicantTypeCode	Type of Applicant	Type of applicant - County - Independent School Dist. - Indian Tribe - Individual - Intermunicipal - Interstate - Municipal - Other - Private University - Profit Organization - State - State Controlle	LIST	1	1	1	60	YES	NO	Changed MaxL to 60.
28	7.2	ApplicantTypeCodeOtherExplanation	Type of Applicant - If Other, specify.	If Other is selected in 7a, please provide text explanation	AN	0	1	0	256	NO	NO	
29	8.1	ApplicationTypeCode	Type of Application	Type of application - New - Continuation - Revision	LIST	1	1	1	15	YES	NO	Changed MaxL to 15

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
30	8.2	RevisionCode1;RevisionCode2	Type of Application, Revision	If Revision is checked in 8a, specify award type A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify) Can select two.	LIST	0	2	0	25	NO	NO	Changed MinO to 0. Changed Max O to 2. Changed MaxL to 25
31	8.3	RevisionOtherExplanation	Type of Application, Revision Other	If "other" is selected for Revision type in 8b , add text to explain	AN	0	1	0	256	NO	NO	
32	9	AgencyName	Name of Federal Agency	Name of Federal agency from which assistance is being requested with this application	AN	1	1	1	60	YES	NO	
33	10.1	CFDANumber	Catalog of Federal Domestic Assistance Number	Catalog of Federal Domestic Assistance number of the program under which assistance is requested	AN	0	1	0	15	NO	NO	Dropped from 30 to 15 due to form length
34	10.2	ActivityTitle	Catalog of Federal Domestic Assistance Title	Catalog of Federal Domestic Assistance title of the program under which assistance is requested	AN	0	1	0	120	NO	NO	Expanded from 45 to 120 due to actual CFDA program title field lengths. Changed MinL to 0
35	11	ProjectTitle	Descriptive Title of Applicant's Project	Brief descriptive title of the project.	AN	1	1	1	120	YES	NO	Dropped from 4096 to 200 due to form length
36	12	Location	Areas Affected by Project (Cities, Counties, States, etc.)	The largest political entities affected (e.g., State, counties, cities)	AN	1	1	1	256	YES	NO	
37	13.1	ProposedStartDate	Proposed Project Start Date	Proposed Project Start Date	DATE	1	1	8	8	YES	YES	
38	13.2	ProposedEndDate	Proposed Project Ending Date	Proposed Project End Date	DATE	1	1	8	8	YES	YES	
39	14.1	CongressionalDistrict	Congressional District of Applicant	Applicant's Congressional District	AN	1	1	1	30	YES	YES	Changed MinL to 1
40	14.2	CongressionalDistrict	Congressional District of Project	Any District(s) affected by the program or project	AN	1	1	1	30	YES	YES	

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
41	15a	FederalEstimatedAmount	Estimated Funding - Federal	Amount requested or to be contributed during the first funding/budget period by Federal.	NUM	1	1	1	15	YES	YES	Changed MinL to 1
42	15b	ApplicantEstimatedAmount	Estimated Funding - Applicant	Amount requested or to be contributed during the first funding/budget period by Applicant.	NUM	0	1	0	15	NO	YES	14 plus sign indicator. Changed to not required. Changed MinO to 0
43	15c	StateEstimatedAmount	Estimated Funding - State	Amount requested or to be contributed during the first funding/budget period by State.	NUM	0	1	0	15	NO	YES	Changed to not required. Changed MinO to 0
44	15d	LocalEstimatedAmount	Estimated Funding - Local	Amount requested or to be contributed during the first funding/budget period by Local.	NUM	0	1	0	15	NO	YES	Changed to not required. Changed MinO to 0
45	15e	OtherEstimatedAmount	Estimated Funding - Other	Amount requested or to be contributed during the first funding/budget period by Other contributors.	NUM	1	1	1	15	YES	YES	Changed MinL to 1
46	15f	ProgramIncomeEstimatedAmount	Estimated Funding - Program Income	Amount requested or to be contributed during the first funding/budget period by Program Income.	NUM	1	1	1	15	YES	YES	Changed MinL to 1
47	15g	TotalEstimatedAmount	Estimated Funding - TOTAL	TOTAL Amount requested or to be contributed during the first funding/budget period.	NUM	1	1	1	15	YES	YES	Changed MinL to 1
48	16.1	StateReviewCodeType	Is Application subject to review by State Executive order 12372 process?	Is Application subject to review by State Executive order 12372 process? If application is not subject to review by State Executive Order 12372 Process select reason: - Program is not covered by E.O. 12372 - Program has not been selected by state f	LIST	1	1	1	130	YES	YES	Changed to list with values: Yes, Not Covered, Not Reviewed. Changed MaxL to 130.
49	16a.2	StateReviewDate	Date of Review, If Application is Subject to Review by State Executive Order 12372 Process	Date of review if the application is subject to review by State Executive Order 12372 Process (16a is checked yes)	DATE	1	1	8	8	YES	YES	

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
50	17.1	DelinquentFederalDebtIndicator	Is the Applicant Delinquent on Any Federal Debt?	This question applies to the applicant organization, not the person who signs as the authorized representative	Y/N	1	1	1	1	YES	YES	
51	17.2 (attachment)	DelinquentFederalDebtExplanation	Delinquency or Debarment Explanation.	If Yes, the applicant is delinquent on any Federal debt, attach explanation.	AN	1	1	1	4096	YES	YES	Expanded to 1 page text or file attachment. Changed MinO to 1. Changed MinL to 1.
52	18	Assurance	Reviewed requirements and agree to comply	Check yes to state that the grantee has reviewed the requirements that apply to recipients of awards under the program and assure that the applicant will comply with those requirements and other terms and conditions if it receives and award.	Y/N	1	1	1	1	YES	YES	
53	18a.1	NamePrefix	Authorized Representative - Prefix	Authorized Representative - Prefix to name	AN	1	1	1	3	YES	NO	
54	18a.2	GivenName1	Authorized Representative - FirstName	First Name of authorized representative	AN	1	1	1	60	YES	NO	
55	18a.3	GivenName2	Authorized Representative - MiddleName	Middle Name of authorized representative	AN	1	1	1	60	YES	NO	Changed MinO to 1.
56	18a.4	FamilyName	Authorized Representative - LastName	Last Name of authorized representative	AN	1	1	1	60	YES	NO	
57	18a.5	NameSuffix	Authorized Representative - Suffix	Suffix to authorized representative name	AN	0	1	1	60	NO	NO	
58	18b	RepresentativeTitle	Authorized Representative - Title	Authorized representative title	AN	0	1	1	30	NO	YES	
59	18c	TelephoneNumber	Authorized Representative - Telephone Number	Authorized representative phone number	AN	0	1	1	10	NO	YES	
60	18d	NOT IN SCHEMA {handled through E-authentication}	Authorized Representative - Signature	Authorized representative signature	AN	1	1	1	35	YES	NO	

CORE GRANTS DATA SET - SF424 COVER PAGE												
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	Comments
61	18e	NOT IN SCHEMA {handled through E-authentication}	Authorized Representative - Date Signed	Authorized representative signed date	DATE	1	1	1	8	YES	NO	

In addition to the SF-424 cover page. XML schemas have also been developed for other Core components:

Budget page (*optional*): SF-424A Non-construction Budget, and SF-424C Construction Budget;

Assurances page (*optional*): SF-424B Non-construction Assurances, and SF-424D Construction Assurances;

Attachment Files(*optional*): Project Narrative; Budget Narrative; Delinquency/Debarment Explanation (text and/or files) plus Other file attachments;

Header (*required*): Built automatically as part of downloadable forms, but provided in XML data set from Submitting Organization.

Footer (*required*): Built automatically by Grants.gov as part of XML data set to Awarding Agency

CORE GRANTS DATA SET SF424A: BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS										
SF-424A Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
SECTION A 1D - 4D	BudgetNonFederalEstimatedUnobligatedAmount	NON-FEDERAL ESTIMATED UNOBLIGATED FUNDS	Section A, "Estimated Unobligated Funds" columns, "Non-Federal" column, all "Object Class Categories" rows	\$	0	1	1	14	NO	NO
SECTION A 1C - 4C	BudgetFederalEstimatedUnobligatedAmount	FEDERAL ESTIMATED UNOBLIGATED FUNDS	Section A, "Estimated Unobligated Funds" columns, "Federal" column, all "Object Class Categories"	\$	0	1	1	14	NO	NO
SECTION A 1E - 4E	BudgetFederalNeworRevisedAmount	FEDERAL NEW OR REVISED BUDGET FUNDS	Section A, "New or Revised Budget" columns, "Federal" column, all "Object Class Categories" rows	\$	0	1	1	14	NO	NO
SECTION A COLUMN A	ActivityTitle	GRANT PROGRAM FUNCTION OR ACTIVITY	Section A, "Grant Program Title" column	AN	0	4	1	120	NO	YES
SECTION A COLUMN B	CFDANumber	CATALOG OF FEDERAL ASSISTANCE NUMBER	Section A, "Catalog of Federal Domestic Assistance" column, all rows	AN	0	4	1	15	NO	YES
SECTION A COLUMN A	SummaryLineItem				0	4			NO	
SECTION A COLUMN F	BudgetNonFederalNewOrRevisedAmount	NON-FEDERAL NEW OR REVISED AMOUNT	Section A, "New or Revised Budget" columns, "Non-Federal" column, all "Object Class Categories" rows	\$	0	1	1	14	NO	NO
SECTION A ROWS 5E - 5G	BudgetTotalNewOrRevisedAmount	TOTAL NEW OR REVISED AMOUNT	Section A, "New or Revised Budget" columns, "Total" column, all "Object Class Categories" rows	\$	0	1	1	14	NO	NO
SECTION B 6D	BudgetEquipmentRequestedAmount	EQUIPMENT	Section B, Equipment	\$	0	1	1	14	NO	NO
SECTION B 6F	BudgetContractualRequestedAmount	CONTRACTUAL	Section B, Contractual	\$	0	1	1	14	NO	NO
SECTION B 7	ProgramIncomeAmount	PROGRAM INCOME	Section B, Program Income	\$	0	1	1	14	NO	NO
SECTION B ROW 6A	BudgetPersonnelRequestedAmount	PERSONNEL	Section B, Personnel	\$	0	1	1	14	NO	NO
SECTION B Row 6B	BudgetFringeBenefitsRequestedAmount	FRINGE BENEFITS	Section B, Fringe Benefits	\$	0	1	1	14	NO	NO
SECTION B ROW 6C	BudgetTravelRequestedAmount	TRAVEL	Section B, Travel	\$	0	1	1	14	NO	NO
SECTION B ROW 6E	BudgetSuppliesRequestedAmount	SUPPLIES	Section B, Supplies	\$	0	1	1	14	NO	NO
SECTION B ROW 6G	BudgetConstructionRequestedAmount	CONSTRUCTION	Section B, Construction	\$	0	1	1	14	NO	NO
SECTION B ROW 6H	BudgetOtherRequestedAmount	OTHER	Section B, Other	\$	0	1	1	14	NO	NO
SECTION B ROW 6I	BudgetTotalDirectChargesAmount	TOTAL DIRECT CHARGES (SUM OF 6A-6H)	Section B, Total Direct Charges	\$	0	1	1	14	NO	NO
SECTION B Row 6J	BudgetIndirectChargesAmount	INDIRECT CHARGES	Section B, Indirect Charges	\$	0	1	1	14	NO	NO
SECTION B ROW 6K	BudgetTotalAmount	TOTALS (SUM OF 6I AND 6J)	Section B, Total Amount	\$	0	1	1	14	NO	NO
SECTION C 2D - 11D	BudgetOtherContributionAmount	NON-FEDERAL RESOURCES OTHER SOURCES	Section C, "Other Sources" column, all rows	\$	0	1	1	14	NO	NO
SECTION C	NonFederalResources			\$	0	1	1	14	NO	NO

CORE GRANTS DATA SET SF424A: BUDGET INFORMATION - NON-CONSTRUCTION PROGRAMS										
SF-424A Box #*	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
SECTION C 8B - 12B	BudgetApplicantContributionAmount	NON-FEDERAL RESOURCES APPLICANT	Section C, Applicant Column, All	\$	0	1	1	14	NO	NO
SECTION C COLUMN C	BudgetStateContributionAmount	NON-FEDERAL RESOURCES STATE	Section C, "State" column, all rows	\$	0	1	1	14	NO	NO
SECTION C ROW 12	BudgetTotalContributionAmount	NON-FEDERAL RESOURCES TOTAL	Section C, "Totals" column, all rows	\$	0	1	1	14	NO	NO
SECTION C ROW 12	ResourceTotals	TOTAL (SUM OF LINES 8-11)	Section C, "TOTAL" row	\$	0	1	1	14	NO	NO
SECTION D	BudgetFederalForecastedAmount	FORECASTED CASH NEEDS FEDERAL	Section D, "Federal" row, all columns	\$	0	1	1	14	NO	NO
SECTION D 14D	BudgetNonFederalForecastedAmount	FORECASTED CASH NEEDS NON-FEDERAL	Section D, "Non-Federal" row, all columns	\$	0	1	1	14	NO	NO
SECTION D COLUMN Q1	BudgetFirstQuarterAmounts	FORECASTED CASH NEEDS 1ST QUARTER	Section D, 1st Quarter Column	\$	0	1	1	14	NO	NO
SECTION D COLUMN Q2	BudgetSecondQuarterAmounts	FORECASTED CASH NEEDS 2ND QUARTER	Section D, 2nd Quarter Column	\$	0	1	1	14	NO	NO
SECTION D COLUMN Q3	BudgetThirdQuarterAmount	FORECASTED CASH NEEDS 3RD QUARTER	Section D, 3rd Quarter Column	\$	0	1	1	14	NO	NO
SECTION D ROW 15	BudgetTotalForecastedAmount	FORECASTED CASH NEEDS TOTAL (SUM OF LINES 13 AND 14)	Section D, "Total" row, all columns	\$	0	1	1	14	NO	NO
SECTION D, Q4 Column	BudgetFourthQuarterAmounts	FORECASTED CASH NEEDS 4TH QUARTER	Section D, 4th Quarter Column	\$	0	1	1	14	NO	NO
SECTION E 15	BudgetFourthYearAmount	BUDGET ESTIMATES... FOURTH YEAR	Section E, "Fourth" column, all rows	\$	0	1	1	14	NO	NO
SECTION E 20B	BudgetFirstYearAmount	BUDGET ESTIMATES... FIRST YEAR	Section E, "First" column, all rows	\$	0	1	1	14	NO	NO
SECTION E 16A - 19A	FundsLineItem	BUDGET ESTIMATES... GRANT PROGRAM	Section E, "Grant Program" name	AN	0	4	1	120	NO	YES
SECTION E COLUMN C	BudgetSecondYearAmount	BUDGET ESTIMATES... SECOND YEAR	Section E, "Second" column, all rows	\$	0	1	1	14	NO	NO
SECTION E COLUMN D	BudgetThirdYearAmount	BUDGET ESTIMATES... THIRD YEAR	Section E, "Third" column, all rows	\$	0	1	1	14	NO	NO
SECTION E ROW 20	FundsTotals	TOTAL (SUM OF LINES 16-19)	Section E, "TOTAL" row, all columns	\$	0	1	1	14	NO	NO
SECTION F 21	OtherDirectChargesExplanation	DIRECT CHARGES	Section F, Direct Charges	AN	0	1	1	50	NO	NO
SECTION F 22	OtherIndirectChargesExplanation	INDIRECT CHARGES	Section F, Indirect Charges	AN	0	1	1	50	NO	NO
SECTION F 23	Remarks	REMARKS	Section F, Remarks	AN	0	1	1	250	NO	NO

CORE GRANTS DATA SET SF424B: Assurances- Non-construction Programs											
line #*	SF-424B Box #*	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
1	NA	RepresentativeName	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	Assurances for Non-Construction Programs are to be signed by the Authorized Certifying Official (or Authorized Official Representative)	AN	NO	1	1	30	NO	NO
2	NA	RepresentativeTitle	TITLE	Title of Authorized Certifying Official (or AOR)	AN	NO	1	1	45	NO	NO
3	NA	ApplicantOrganizationName	APPLICANT ORGANIZATION	Title of Applicant Organization represented by Authorized Certifying Official (or AOR)	AN	NO	1	1	60	NO	NO
4	NA	SubmittedDate	DATE SUBMITTED	Date that Assurances for Non-Construction Programs is submitted by Authorized Certifying Official (or AOR)	DATE	NO	1	1	8	NO	NO
*Line numbers and box numbers are not labeled on the SF424B											

CORE GRANTS DATA SET SF424C: BUDGET INFORMATION - CONSTRUCTION PROGRAMS											
SF-424C Box #*	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates	
COLUMN A	BudgetEstimatedCostAmount	TOTAL COST	Each individual box in the column titled "Total"	\$	0	1	1	14	NO	NO	
COLUMN B	BudgetNonAllowableCostAmount	COSTS NOT ALLOWABLE FOR PARTICIPATION	Each individual box in the column titled "Costs Not Allowable for Participation"	\$	0	1	1	14	NO	NO	
COLUMN C	BudgetTotalAllowableCostAmount	TOTAL ALLOWABLE COSTS	Each individual box in the column titled "Total Allowable Costs"	\$	0	1	1	14	NO	NO	
	CostLineItem	(Each item under COST CLASSIFICATION)		\$	0	12	1	14	NO	YES	
ROW 12	CostSubtotalBeforeContingencies	SUBTOTAL (SUM OF LINES 1-11)	Each individual box in Row 12 "SUBTOTAL"	\$	0	1	1	14	NO	NO	
ROW 14	CostSubtotalAfterContingencies	SUBTOTAL	Each individual box in Row 14 "SUBTOTAL"	\$	0	1	1	14	NO	NO	
ROW 15	ProgramIncome	PROJECT (PROGRAM) INCOME	Each individual box in Row 15 "Project (program) income"	\$	0	1	1	14	NO	NO	
ROW 16	TotalProjectCosts	TOTAL PROJECT COSTS (SUBTRACT #15 FROM #14)	Each individual box in Row 16 "TOTAL PROJECT COSTS"	\$	0	1	1	14	NO	NO	
ROW 17	FederalFundingPercentageShareValue	ENTER ELIGIBLE COSTS FROM LINE 16c X ___%	Federal Percentage Share Multiplier (percentage rate), in 17	NUM	0	1	1	3	NO	NO	
ROW 17	FederalFundingShareValue	FEDERAL ASSISTANCE REQUESTED; ENTER THE RESULTING FEDERAL SHARE	Federal share calculated after multiplying 16c X Federal Percentage Share Multiplier	\$	0	1	1	14	NO	NO	

CORE GRANTS DATA SET SF424D: Assurances- Construction Programs											
line #*	SF-424D Box #*	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
1	NA	RepresentativeName	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	Assurances for construction Programs are to be signed by the Authorized Certifying Official (or Authorized Official Representative)	AN	0	1	1	30	NO	NO
2	NA	RepresentativeTitle	TITLE	Title of Authorized Certifying Official (or AOR)	AN	0	1	1	45	NO	NO
3	NA	ApplicantOrganizationName	APPLICANT ORGANIZATION	Title of Applicant Organization represented by Authorized Certifying Official (or AOR)	AN	0	1	1	60	NO	NO
4	NA	SubmittedDate	DATE SUBMITTED	Date that Assurances for construction Programs is submitted by Authorized Certifying Official (or AOR)	DATE	0	1	1	8	NO	NO
*Line numbers and box numbers are not labeled on the SF424D											

CORE GRANTS DATA SET: Header											
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
1	NA	ActivityTitle	Application Package CFDA Title	The title (or short description) of the CFDA # (or program). This data is collected in block #10 on the SF 424	AN	0	1	1	120	NO	NO
2	NA	AgencyName	Agency Name	The full name of the agency or sub-agency as it is commonly referred to	AN	0	1	1	60	NO	NO
3	10	CFDANumber	CFDA #	is the unique identifier for an agency's grant program. (ex. 83.554 for Assistance to Firefighters Grant). This is the CFDA # that is created in FedGrants.gov	AN	0	1	1	15	NO	NO
4	NA	ClosingDate	Application Package Close Date	The close deadline to submit an application package	DATE	0	1	1	8	NO	NO
5	NA	CompetitionID	Competition ID	Is a Grants.gov generated ID that allows further distinction of the funding opportunity ID. The funding opportunity - competition ID combination allows application packages with the same funding opportunity # to be assigned unique identifiers. The competition ID allows unique identification of the application package with different open and closed dates.	AN	0	1	1	100	NO	NO
6	NA	OpeningDate	Application Package Open Date	The date that an agency will start accepting application packages for review	DATE	0	1	1	8	NO	NO
7	NA	OpportunityID	Funding Opportunity ID	Is the unique identifier for grant announcements on FedGrants.gov. (ex. ED-GRANTS-040903-002). This is the funding opportunity ID generated in FedGrants.gov.	AN	0	1	1	100	NO	NO
8	NA	OpportunityTitle	Funding Opportunity Title	Is the name given to the Funding Opportunity when posted on Fedgrants.gov. This is the funding opportunity ID entered into FedGrants.gov.	AN	0	1	1	255	NO	NO
9	11	SubmissionTitle	Submission Title	The name for the application package once submitted. This is field #11 on the SF 424	AN	0	1	1	240	NO	NO

CORE GRANTS DATA SET: Footer											
line #	SF-424 Box #	XML Schema Element Name	Name	Description	Type	Min O	Max O	Min Length	Max Length	Required	Duplicates
1	NA	ReceivedDateTime	Date/Time of Grants.gov receipt	Is the date/time Grants.gov has received the application package after applicant submission	DATE	0	1	1	8	NO	NO
2	NA	SubmitterName	Submitter Name	The last name of the person submitting the application.	AN	0	1	1	120	NO	NO
3	10	Grants.govTrackingNumber	Grants.gov tracking #	This is the unique identifier that is generated within Grants.gov and will be the unique identifier for all grant applications being processed through grants.gov	AN	0	1	1	240	NO	NO

3.2 DEFINITION OF TERMINOLOGY

SF-424 Caption or Block Number	SF-424 Description
Type of Submission	1. Identify if project application or pre-application, construction or non-construction.
Date Submitted Applicant Identifier	2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).
State Application Identifier	3. State use only (if applicable).
Date Received by Federal Agency Federal Identifier	4. If this application is to continue or revise an existing award, enter date of present award. If this application is to continue or revise an existing award enter present Federal identifier number. If for a new project, leave blank.
DUNS Applicant Name Organization Unit Organization Unit Address: Address, City, County, State, Zip Code, Country Contact Person Name, Telephone, Fax Number, E-mail	5. The DUNS number of the organization. (Subject to OMB approval of single identifier.) Legal name of applicant, name of primary organizational unit that will undertake the assistance activity, complete address of the applicant including country, if other than US. The department, service, laboratory, or equivalent level within the organization. The division, office, or major subdivision of the organization Street address of organization or individual City of organization or individual County of organization or individual State of organization or individual Zip code of organization or individual Country of organization or individual Individual associated with the business process of submitted the application. The individual's first name, last name middle name name prefix, name suffix, telephone number and e-mail address of the person to contact on matters related to this application.
Employer Identification Number	6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.
Type of Applicant	7. Enter the appropriate choice in the space provide 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)..
Type of Application If Revision	8. Select the type from the following list: "New" means a new assistance award. "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation Enter the appropriate choice to specify reason for renewal. (List: New Continuation, Revision. If revision indicate: List: Increase Award, Decrease Award, Increase Duration, Decrease Duration, Other (Specify)).
Name of Federal Agency	9. Name of Federal agency from which assistance is being requested with this application.
CFDA Number CFDA Title	10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.
DescriptiveTitle of Applicants Project	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-applications, use a separate sheet to provide a summary description of this project.
Areas affected by the Project	12. List only the largest political entities affected (e.g., State, counties, cities).
Proposed Project Start Date	13. Planned beginning date of project. Planned ending date of project.

Ending Date	
Congressional District	14. List the applicant's Congressional District and any District(s).affected by the program or project.
Estimated Funding	15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item.
Is Application subject to review by State Executive order 12372 process? Date of Review, if application is subject to review by State Executive Order 12372 process.	16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process. Date of state review, if applicable.
Is the Applicant Delinquent on Any Federal Debt?	17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.
Authorized Representative, Title, Dates Signed	18. Authorized representative of the applicant. The individual's first name, last name middle name name prefix, name suffix, and title. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.) If you are submitting this application in response to a Federal agency announcement of funding opportunity, consult the announcement or any associated application instructions for the Internet site or other location where you may view the generally applicable requirements. Otherwise, if you do not know where to view them, contact the office to which you are submitting this application to ask about the location. Date Application Signed.

SF424A – BUDGET INFORMATION – NON-CONSTRUCTION PROGRAMS

SF-424A Caption or Block Number	SF-424A Description
<p>Section A. Budget Summary Lines 1-4 Columns (a) Grant Program Function or Activity and (b) Catalog of Federal Assistance Number</p>	<p>For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the Catalog program title and the Catalog number in Column (b).</p> <p>For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the Catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the Catalog program title on each line in Column (a) and the respective Catalog number on each line in Column (b).</p> <p>For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.</p>
<p>Lines 1-4, Columns (c) Federal Estimated Unobligated Funds (d) Non-Federal Estimated Unobligated Funds (e) Federal New or Revised Budget (f) Non-Federal New or Revised Budget (g) Total New or Revised Budget</p>	<p>For new applications, leave Column (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).</p> <p>For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).</p> <p>For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).</p>
<p>Line 5 – Totals</p>	<p>Show the totals for all columns used.</p>
<p>Section B Budget Categories</p>	<p>In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.</p>
<p>Line 6a-i a) Personnel b) Fringe Benefits c) Travel d) Equipment e) Supplies f) Contractual g) Construction h) Other i) Total Direct</p>	<p>Show the totals of Lines 6a to 6h in each column.</p>

SF-424A Caption or Block Number	SF-424A Description
Charges (sum of 6a – 6h)	
Line 6j – Indirect Charges	Show the amount of indirect cost.
Line 6k - Totals	Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.
Line 7 – Program Income	Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount, Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the Federal grantor agency in determining the total amount of the grant.
Lines 8-11 – Non-Federal Resources	Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.
Column (a) – Grant Program	Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.
Column (b) – Applicant	Enter the contribution to be made by the applicant.
Column (c) – State	Enter the amount of the State’s cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.
Column (d) – Other Sources	Enter the amount of cash and in-kind contributions to be made from all other sources.
Column (e) – Totals (row)	Enter totals of Columns (b), (c), and (d).
Line 12 – Totals (column)	Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.
Line 13 – Federal Forecasted Cash Needs	Enter the amount of cash needed by quarter from the grantor agency during the first year.
Line 14 – Non-Federal Forecasted Cash Needs	Enter the amount of cash from all other sources needed by quarter during the first year.
Line 15 – Total Forecasted Cash Needs	Enter the totals of amounts on Lines 13 and 14.
Lines 16-19 – Grant Program Titles for Budget Estimates of Federal Funds Needed for Balance of the Project	Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants. If more than four lines are needed to list the program titles, submit additional schedules as necessary.
Line 20 – Total Estimated Federal Funds Needed for Balance of Project	Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.
Line 21 – Direct Charges	Use this space to explain amounts for individual direct object class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.
Line 22 – Indirect Charges	Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is

SF-424A Caption or Block Number	SF-424A Description
	applied, and the total indirect expense.
Line 23 - Remarks	Provide any other explanations or comments deemed necessary.

SF424B – ASSURANCES, NON-CONSTRUCTION PROGRAMS

SF-424B Caption or Block Number	SF-424B Description
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	Assurances for Non-Construction Programs are to be signed by the Authorized Certifying Official (or Authorized Official Representative)
TITLE	Title of Authorized Certifying Official (or AOR)
APPLICANT ORGANIZATION	Title of Applicant Organization represented by Authorized Certifying Official (or AOR)
DATE SUBMITTED	Date that Assurances for Non-Construction Programs is submitted by Authorized Certifying Official (or AOR)

SF424C – BUDGET INFORMATION – CONSTRUCTION PROGRAMS

This sheet is to be used for the following types of applications: (1) "New" (means a new [previously unfunded] assistance award); (2) "Continuation" (means funding in a succeeding budget period which stemmed from a prior agreement to fund); and (3) "Revised" (means any changes in the Federal Government's financial obligations or contingent liability from an existing obligation). If there is no change in the award amount, there is no need to complete this form. Certain Federal agencies may require only an explanatory letter to effect minor (no cost) changes. If you have questions, please contact the Federal agency.

SF-424C Caption or Block Number	SF-424C Description
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	Assurances for Non-Construction Programs are to be signed by the Authorized Certifying Official (or Authorized Official Representative)
Column (a) Total Cost by Classification	If this is an application for a "New" project, enter the total estimated cost of each of the items listed on lines 1 through 16 (as applicable) under "COST CLASSIFICATION. If this application entails a change to an existing award, enter the eligible amounts approved under the previous award for the items under "COST CLASSIFICATION." Column b. - If this is an application for a "New" project, enter that portion of the cost of each item in Column a. which is not allowable for Federal assistance. Contact the Federal agency for assistance in determining the allowability of specific costs. If this application entails a change to an existing award, enter the adjustment [+ or (-)] to the previously approved costs (from column a.) reflected in this application. Column. - This is the net of lines 1 through 16 in columns "a." and "b."
Line 1 – Administrative and Legal Expenses	Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government. Allowable legal costs are generally only those associated with the purchases of land which is allowable for Federal participation and certain services in support of construction of the project.
Line 2 – Land, Structures, rights-of-way, appraisals, etc	Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).
Line 3 – Relocation expenses and payments	Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.
Line 4 – Architectural and engineering fees	Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).
Line 5 – Other architectural and engineering fees	Enter estimated engineering costs, such as surveys, tests, soil borings, etc.
Line 6 – Project Inspection Fees	Enter estimated engineering inspection costs.
Line 7 – Site Work	Enter estimated costs of site preparation and restoration which are not included in the basic construction contract.
Line 8 – Demolition and Removal	Enter estimated costs of Demolition and Removal
Line 9 – Construction	Enter estimated cost of the construction contract.
Line 10 – Equipment	Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.
Line 11 – Miscellaneous	Enter estimated miscellaneous costs.
Line 12 – Subtotal	Total of items 1 through 11.
Line 13 – Contingencies	Enter estimated contingency costs. (Consult the Federal agency for the percentage of the estimated construction cost to use.)
Line 14 – Subtotal	Enter the total of lines 12 and 13.
Line 15 – Project (program) income	Enter estimated program income to be earned during the grant period, e.g., salvaged materials, etc.

Line 16 – Total Project Costs	Subtract line 15 from line 14.
Line 17 – Federal assistance requested	This block is for the computation of the Federal share. Multiply the total allowable project costs from line 16, column "c." by the Federal percentage share (this may be up to 100 percent; consult Federal agency for Federal percentage share) and enter the product on line 17.

SF-424D – ASSURANCES – CONSTRUCTION PROGRAMS

SF-424D Caption or Block Number	SF-424D Description
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	Assurances for Construction Programs are to be signed by the Authorized Certifying Official (or Authorized Official Representative)
TITLE	Title of Authorized Certifying Official (or AOR)
APPLICANT ORGANIZATION	Title of Applicant Organization represented by Authorized Certifying Official (or AOR)
DATE SUBMITTED	Date that Assurances for Construction Programs is submitted by Authorized Certifying Official (or AOR)

APPENDIX A – ABBREVIATIONS AND ACRONYM LIST

Agency-specific data	Data collected by a specific agency that is not part of the “core data” able to be collected by all agencies.
Core data	Grant Application Data commonly defined across Federal agencies that could be part of all grant application data collections.
Core Plus data	Data collected for a grant-making agency that includes the “Core data” plus “Agency-specific” data.
EDI	Electronic Data Interchange
Grants.gov	The Grants.gov initiative of the E-Gov initiative outlined in the 2002 President’s Management Agenda resulted in a “storefront” web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the Grants.gov site. (www.grants.gov)
IAEGC	Inter-Agency Electronic Grants Committee (now chartered to Grants.Gov Program Management Office)
IEC	International Electrotechnical Commission
ISO	International Organization for Standardization
PMO	Program Management Office
SF	Standard Form
SF-424 series	Standard Forms including the SF-424; SF-424A; SF-424B; SF-424C; and SF-424D. Plus named attachments including Project Narrative; Budget Narrative; and Debarment/Delinquency Explanation.
SF-424	Application for Federal Assistance (cover page) approved by OMB July, 1997. The revised SF-424 was published for comment April 8, 2003 http://www.whitehouse.gov/omb/fedreg/040803_standard_fed_grant_app.pdf . This version includes DUNS number, email, FAX, Country, and a consolidated “assurances” block and indicator.
SF-424A	Budget Information – Non-construction Programs
SF-424B	Assurances – Non-construction Programs
SF-424C	Budget Information – Construction Programs
SF-424D	Assurances – Construction Programs
TS 194	Transaction Set 194 (Grants Data Dictionary developed by IAEGC in 1997 for EDI transactions)
URL	Uniform Resource Locator (pointers or address to website location)
XML	Extensible Markup Language (see www.XML.gov)

APPENDIX B – COPY OF REVISED SF-424 (4/8/2003 VERSION)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 2002-02-22	Applicant Identifier XXXX
1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE 2002-02-22	State Application Identifier XXXX
		4. DATE RECEIVED BY FEDERAL AGENCY 2002-02-22	Federal Identifier XXXX
5. APPLICANT INFORMATION			
Legal Name: XXXX		Organizational Unit: Department: XXXX	
*Organizational DUNS: XXXX		Division: XXXX	
Address: Street: XXXX		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms First Name: XXXX	
City: XXXX		Middle Name: XXXX	
County: XXXX		Last Name: XXXX	
State: VA Zip Code: 123456789		Suffix: XXXX	
Country: USA		Email: jim@test.com	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): XXXX		Phone Number (give area code) 1234567	Fax Number (give area code) 1234567
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <u> A </u> <u> B </u> Other (specify) X		7. *TYPE OF APPLICANT: County Other (specify) XXXX	
10. *CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: XXXX XXXX		9. *NAME OF FEDERAL AGENCY: XXXX	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): XXXX		11. *DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: XXXX	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
*Start Date: 2002-02-22 *Ending Date: 2002-02-22		a. Applicant XXXX b. Project XXXX	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. *Federal	\$ 99999.99	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 2002-02-02	
b. Applicant	\$ 99999.99	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ 99999.99		
d. Local	\$ 99999.99		
e. Other	\$ 99999.99		
f. Program Income	\$ 99999.99		
g. *TOTAL	\$ 99999.99	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED THE DOCUMENT.			
*I HAVE REVIEWED THE REQUIREMENTS THAT APPLY TO RECIPIENTS OF AWARDS UNDER THIS PROGRAM AND ASSURE, AS THE DULY AUTHORIZED REPRESENTATIVE OF THE APPLICANT WILL COMPLY WITH THOSE REQUIREMENTS AND OTHER TERMS AND CONDITIONS IF IT RECEIVES AN AWARD <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
a. Authorized Representative			
Prefix Mr *First Name XXXX		Middle Name XXXX	
*Last Name XXXX		Suffix XXXX	
b. Title XXXX		c. Telephone Number (give area code) 1234567	
d. Signature of Authorized Representative		e. Date Signed	

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Standard Form 424 (Rev. x-xx)
Prescribed by OMB Circular A-102

Copies of the SF-424A, SF-424B, SF-424C and SF-424D can be found on the OMB website:
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