



Digital Equity – Capacity Standard Form (SF) 424

Funded by the Bipartisan Infrastructure Law (BIL)

*Administered by the Department of Commerce's National Telecommunications and
Information Administration (NTIA)*



Disclaimer



This document is intended solely to assist recipients in better understanding the State Digital Equity Capacity Grant Program and the requirements set forth in the Notice of Funding Opportunity (NOFO) for this program. This document does not and is not intended to supersede, modify, or otherwise alter applicable statutory or regulatory requirements, or the specific application requirements set forth in the NOFO. In all cases, statutory and regulatory mandates, and the requirements set forth in the NOFO, shall prevail over any inconsistencies contained in this document.





REVIEW THE PURPOSE OF THE SF-424



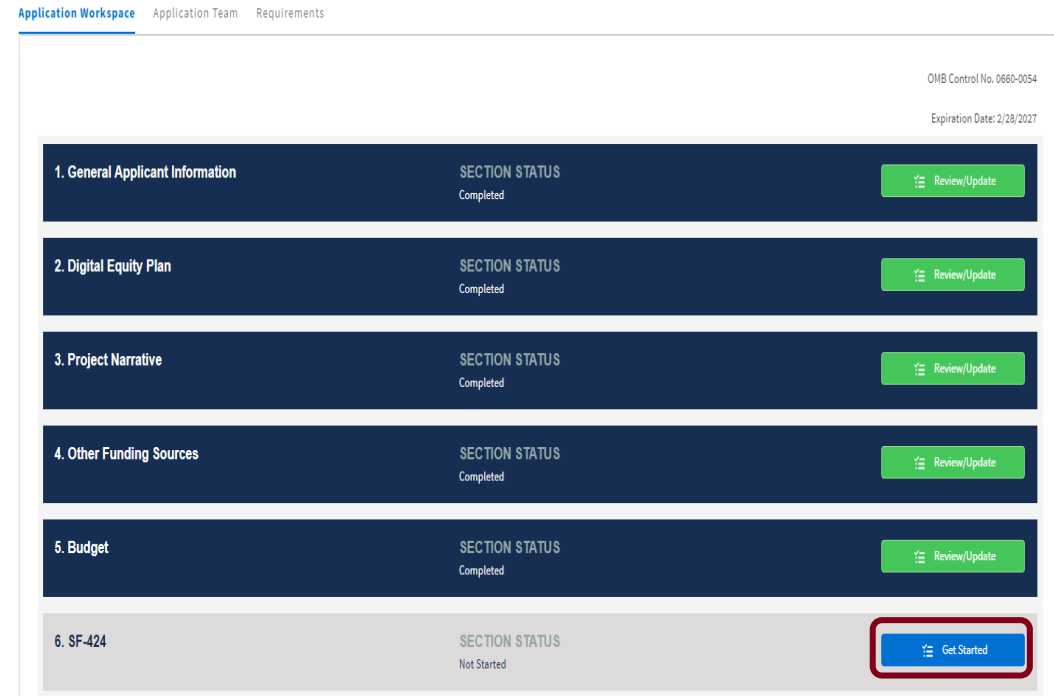
PROVIDE INSTRUCTIONS ON HOW TO COMPLETE THE FORM



IDENTIFY ADDITIONAL RESOURCES FOR REFERENCE AND TRAINING

SF-424 Purpose

- The **SF-424: Application for Federal Assistance** is a standard form that provides basic information to the federal government on grant applicants.
- To be eligible for State Digital Equity Capacity Grant Program funding, all recipients **must complete** and submit an SF-424.
- While the SF-424 will be inputted directly into the NTIA Grants Portal, applicants are encouraged to complete the fillable form as a **DRAFT** to ensure they have all the necessary information before entering information in the portal.



Application Workspace Application Team Requirements

OMB Control No. 0660-0054
Expiration Date: 2/28/2027

Section	SECTION STATUS	Action
1. General Applicant Information	Completed	Review/Update
2. Digital Equity Plan	Completed	Review/Update
3. Project Narrative	Completed	Review/Update
4. Other Funding Sources	Completed	Review/Update
5. Budget	Completed	Review/Update
6. SF-424	Not Started	Get Started

SF-424 Submission in the NGP Portal

SF-424 Instructions | Fields 1-8d



In Fields 1 and 2, indicate that the submission is an **application** and **new**.

Field 3 will auto-populate the application when submitted in the NTIA Grants Portal

Applicants will complete Field 8. Ensure that the legal name, EIN, UEI, and address **match the information provided in the SAM.gov registration**

Application for Federal Assistance SF-424

* 1. Type of Submission: Preapplication Application Changed/Corrected Application

* 2. Type of Application: New Continuation Revision

* If Revision, select appropriate letter(s):

* Other (Specify):

* 3. Date Received:

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN):

* c. UEI:

d. Address:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country:

* Zip / Postal Code:

○ Required ○ Not Required

Applicants are not required to complete Fields 4, 5A, 5B, 6 or 7



SF-424 Instructions | Fields 8d- 8f



○ Required ○ Not Required

d. Address:	
* Street1:	<input type="text"/>
Street2:	<input type="text"/>
* City:	<input type="text"/>
County/Parish:	<input type="text"/>
* State:	<input type="text"/>
Province:	<input type="text"/>
* Country:	USA: UNITED STATES <input type="text"/>
* Zip / Postal Code:	<input type="text"/>
e. Organizational Unit:	
Department Name:	<input type="text"/>
Division Name:	<input type="text"/>
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: <input type="text"/>	* First Name: <input type="text"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text"/>	
Suffix: <input type="text"/>	
Title: <input type="text"/>	
Organizational Affiliation: <input type="text"/>	
* Telephone Number: <input type="text"/>	Fax Number: <input type="text"/>
* Email: <input type="text"/>	

Section 8E is not required but is recommended

In Field 8F, provide the name and contact information of the person involved in the application. **This should be the Authorized Organization Representative (AOR)**



SF-424 Instructions | Fields 9- 12



Select applicant type from the drop-down menu in Field 9

* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

Required Not Required

Enter **Department of Commerce, NTIA** in Field 10

* 10 Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

Applicants are not required to complete Field 11

Field 12 should list the NOFO number as **NTIA-SDECGP-2024**

* 12. Funding Opportunity Number:

* Title:



SF-424 Instructions | Fields 13- 15



Applicants are not required to complete Fields 13 and 14, but it is recommended to complete Section 14 if multiple areas are affected by the project

In Field 15, enter a descriptive title for your project

13. Competition Identification Number: <input type="text"/> Title: <input type="text"/>
14. Areas Affected by Project (Cities, Counties, States, etc.): <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
* 15. Descriptive Title of Applicant's Project: <input type="text"/>
Attach supporting documents as specified in agency instructions. <input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>

○ Required ○ Not Required



SF-424 Instructions | Fields 16- 19

Required Not Required

In Fields 16A and 16B, enter the Congressional Districts of the Applicant and the Program/Project, **if applicable**. For 16A, the format should be [State abbreviation]-[2 digit congressional district #]'. Ex AL-02. For 16B, the answer can be "[State abbreviation]-all".

Applicants can reference www.census.gov/mycd/ to determine their Congressional Districts

16. Congressional Districts Of:	
* a. Applicant <input type="text"/>	* b. Program/Project <input type="text"/>
Attach an additional list of Program/Project Congressional Districts if needed.	
<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
17. Proposed Project:	
* a. Start Date: <input type="text"/>	* b. End Date: <input type="text"/>
18. Estimated Funding (\$):	
* a. Federal	<input type="text"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text"/>
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?	
<input type="checkbox"/> a. This application was made available to the State under the Executive Order 12372 Process for review on <input type="text"/>	
<input type="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/> c. Program is not covered by E.O. 12372.	

Select the appropriate response in Field 19.

Note – If your State or Territory is included on the Intergovernmental Review List, select response option ‘a.’ and select a State Review Date.

If your State or Territory is not included on this list, select response option ‘b’. Do NOT select option ‘c,’ as this program is covered under E.O. 12372

Applicants should pay special attention to Fields 17 and 18.

The proposed project start and end dates entered in Field 17 should **align with the anticipated project timeline*** (e.g., July 1, 2023 – June 30, 2024)

All budget categories entered in Field 18 should **align with all budget documents**, such the Consolidated Budget Form

*The actual approved Period of Performance will be included in the award document

SF-424 Instructions | Fields 20- 21

Required Not Required

Indicate whether your entity is delinquent on any federal debt. If yes, an explanation must be provided in the space provided

In the NTIA Grants Portal, applicants will only be able to provide a written explanation, *not* upload additional attachments

*** 20** Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

21. *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

** 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.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Enter the first name, last name, title, telephone number, and email address of the AOR

Note that for any questions regarding the application, NTIA will contact the AOR. ONLY the AOR will be able to submit the application in the NGP

Additional Resources



Application for Federal Assistance SF-424

*** 1. Type of Submission:**
 Preapplication
 Application
 Changed/Corrected Application

*** 2. Type of Application:**
 New
 Continuation
 Revision

* If Revision, select appropriate letter(s):

 * Other (Specify):

* 3. Date Received: 4. Applicant Identifier:

5a. Federal Entity Identifier: 5b. Federal Award Identifier:

State Use Only:
 6. Date Received by State: 7. State Application Identifier:

B. APPLICANT INFORMATION:

* a. Legal Name:

* b. Employer/Taxpayer Identification Number (EIN/TIN): * c. UEI:

d. Address:

* Street1:
 Street2:
 * City:
 County/Parish:
 * State:
 Province:
 * Country: USA: UNITED STATES
 * Zip / Postal Code:

State & Territory Capacity Grant Application Guidance Overview

This document was created to support State and U.S. Territory applicants in submitting an application for the State Digital Equity Capacity Grant Program. Step-by-step instructions are provided to familiarize applicants with the NTIA Grants Portal, outline each component of the application, and provide direction on where to access forms and templates. The document is structured in the following four sections:

- 1.0 Program Guidance**: This section highlights application provisions, eligible entities, key submission dates, and final considerations for a successful application.
- 2.0 NTIA Grants Portal Registration**: This section outlines how to access and register for the NTIA Grants Portal, where applicants can submit their application for the State Digital Equity Capacity Grant Program.
- 3.0 NTIA Grants Portal Workspace**: This section outlines how to navigate the NTIA Grants Portal. Applicants will be shown an Application Workspace, which highlights all the sections of the overall application request needed to successfully apply.
- 4.0 State Digital Equity Capacity Grant Program**: Applicants will find detailed, step-by-step instructions on how to properly fill out their application for the State Digital Equity Capacity Program, along with instructions on how to submit each item through the NTIA Grants Portal.

There are multiple forms required to complete the application for States and U.S. Territories. Application materials include the following:

DE CAPACITY-SPECIFIC ITEMS

- SAM.gov Registration*
- Description of Administering Entity/Administering Organization
- Digital Equity Plan*
- Project Narrative
- Specific Project Forms*
- Description of Other Funding*
- Consolidated Budget Form*
- Negotiated Indirect Cost Rate Agreement* (as applicable)

Standard Forms: SF424, CD511*, SFLL1* (as applicable)

**Items that require upload into NGP*

VERSION 4.0 DATA ELEMENTS

Field Number	Field ID	Field Label	Is Required	Min Occurrences	Max Occurrences	Business Rules	List of Values	Min Characters or Value	Max Characters or Value	Help Tip
01-0	Submission Type	* 1. Type of Submission:	Yes	1	1					Select one type of submission in accordance with agency instructions. One selection is required.
02-0	Application Type	* 2. Type of Application:	Yes	1	1					Select one type of application in accordance with agency instructions. One selection is required.
02-04	Revision Type	* If Revision, select appropriate letter(s):	No	0	1	required if Type of Application is Revision	A. Increase Award; B. Decrease Award; C. Increase Duration; D. Decrease Duration; E. Other (specify): AC. Increase Award; Increase Duration; AD. Increase Award; Decrease Duration; BC. Decrease Award; Increase Duration; BD. Decrease Award; Decrease Duration	17	37	Select a revision type from the list provided. A selection is required if Type of Application is Revision.
02-12	Other Explanation	* Other (Specify):	No	0	1	Enabled and required only when Revision/Other is checked.		0	21	Please specify the type of revision. This field is required if E. Other is checked.

The SF-424: Application for Federal Assistance form

DE Capacity Application Guidance

Form Item Description from Grants.gov

