Checklist for Prescott Grant Application

Please see the NOAA Grant Application website and supplemental PDF, to understand the updated application process.

Federal Grant Forms (Individual PDFs)

- ☐ Project Abstract Summary *new form*
- ☐ SF-424, Application for Federal Assistance
- ☐ SF-424A, Budget Information, Non-Construction Programs
- ☐ SF-424B, Assurances, Non-Construction Programs
- ☐ CD-511, Certifications Regarding Lobbying
- ☐ SF-LLL, Disclosure of Lobbying Activities (if applicable)

For Construction (only if construction cost is ≥ 50% of federal budget request).

- ☐ SF-424C, Budget Information, Construction Programs
- ☐ SF-424D, Assurances, Construction Programs

Budget Information (Single Combined PDF)

- ☐ Budget narrative (no page limit)
- ☐ Budget table (no page limit)
- ☐ Negotiated Indirect Cost Rate Agreement (NICRA) *
- ☐ Equipment quotes*
- ☐ Position description

*Not required in your application, but will be required if selected for funding.

Proposal Narrative (Single Combined PDF)

- ☐ **Proposal Narrative (10-page limit)**
    - ☐ Goals and Objectives

- ☐ Project Management
- ☐ Project Description
    - ☐ Project activities and how they relate to the project's goals and objectives
    - ☐ A list of the activities that will be conducted by identified personnel
    - ☐ Project milestones w/ specific activities timelines
    - ☐ Identify the outcomes, results, or products, and how they relate to the Prescott Grant Program goals and outreach/education efforts.
    - ☐ If resubmission of previous unfunded Prescott Grant application, describe revisions as they pertain to prior Technical Review comments
- ☐ Describe need for Federal Assistance
- ☐ Identify Collaborators

☐ **Organizational Summary (3-page limit)**

- ☐ See example on Prescott Grant website
- ☐ Include maps, statistics, organization overview, size & capacity of facility
- ☐ Explain your role in network & how you work w/partners
- ☐ Provide financial overview

☐ **Data Sharing Plan (2-page limit)**

☐ **Appendices (15-page limit)**

☐ **Supporting Documentation (no page limit)**

- ☐ Letter of Eligibility
- ☐ Results of Previous Prescott Awards in the past 3 yrs
- ☐ CVs or Resume (4-page limit per CV/Resume)
- ☐ Letters of Collaboration (project partners outside of organization acknowledging participation)
- ☐ Letters of Reference for New Applicants Only (optional, 3-letter limit)
- ☐ Cover letters for Permits, Parts Authorization Letters, IACUC Approvals, Complete Environmental Analyses

Submission Checklist for eRA Requirements

Below is a summary checklist of the items discussed in this document. All items below should be checked before you submit your application in Grants.gov. If you have any questions, please reach out to the eRA HelpDesk or the Prescott Grant Manager (mackenzie.griffin@noaa.gov).

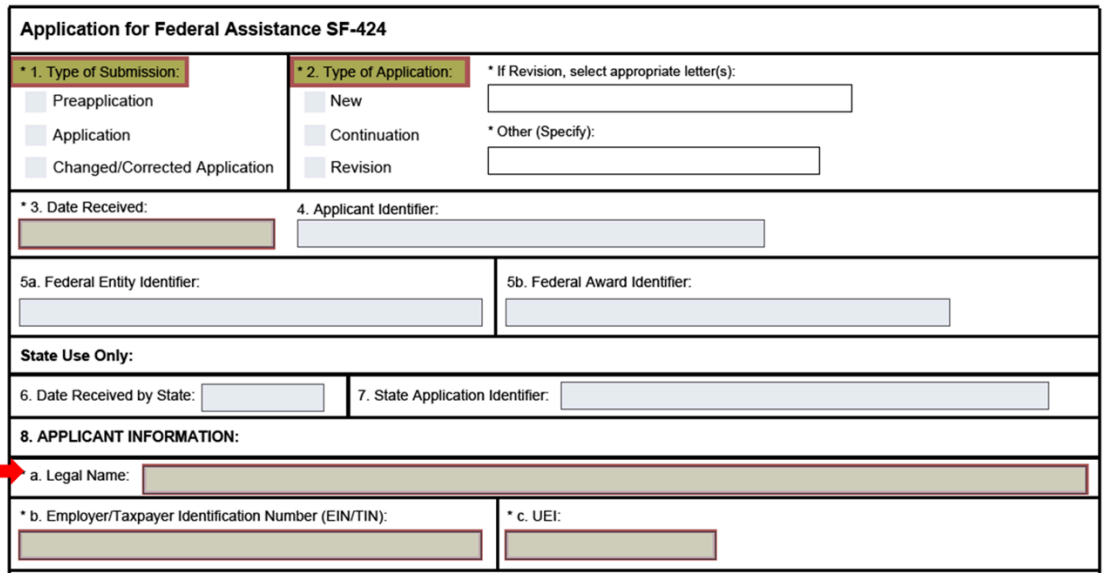
☐ **SAM.gov Registration and approved UEI**

- ☐ **eRA Commons Registration**
- ☐ **Grants.gov Registration**
- ☐ **PD/PI Account Created**
- ☐ **PD/PI Commons ID (Username) entered exactly on Box 4 on the SF-424**
- ☐ **UEI entered exactly on Box 8c. of the SF-424**
- ☐ **Congressional District formatted correctly (ex. VA-001)**
- ☐ **All PDFs flattened**
- ☐ **File sizes are less than 100 MB**
- ☐ **File page sizes are 8 ½" x 11"**
- ☐ **File names are shorter than 50 characters (including spaces)**
- ☐ **File names do not include invalid characters (&, diacritical marks)**

Application and Form Tips

Federal Grant Forms

This is the organization's name that is registered in Sam.gov



Application for Federal Assistance SF-424

* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):
Preapplication	New	
Application	Continuation	* Other (Specify):
Changed/Corrected Application	Revision	

* 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:

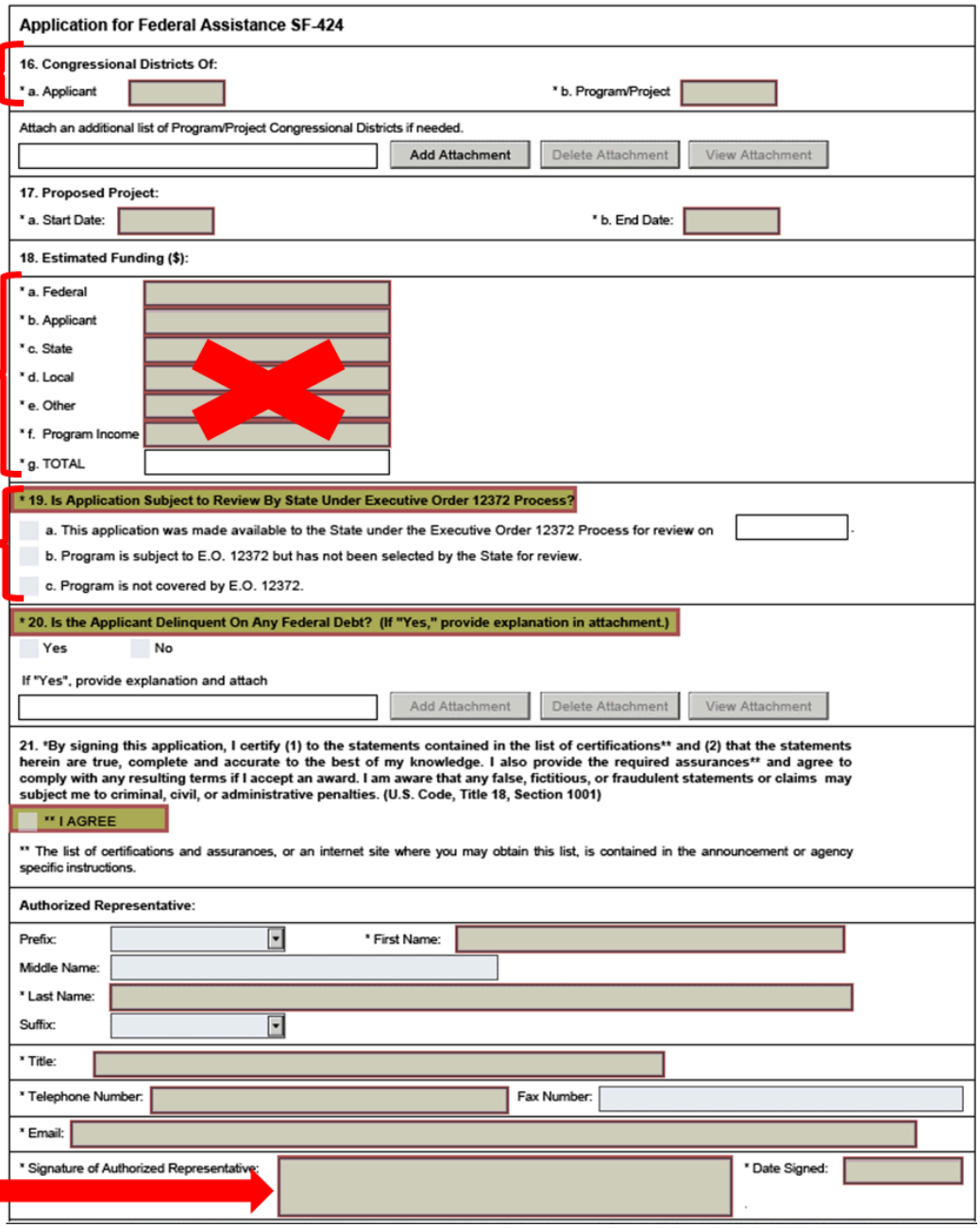
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. UEI:

List Congressional Districts individually, do not write ALL. Click add attachment for multiple

Fill out a. Federal, b. Applicant, and g. TOTAL **ONLY**. Whole dollars, no cents

Choose either a or b. Check Intergovernmental Review (SPOC List) for your State
https://www.whitehouse.gov/wp-content/uploads/2023/06/SPOC-list-as-of-2023.pdf

Make sure the signature matches the person identified as the Authorized Representative



Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding ($):

* a. Federal
* b. Applicant
* c. State
* d. Local
* e. Other
* f. Program Income
* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on .

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

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

Yes No

If "Yes", provide explanation and attach

Add Attachment | Delete Attachment | View Attachment

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 18, 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:

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2025

SECTION A - BUDGET SUMMARY

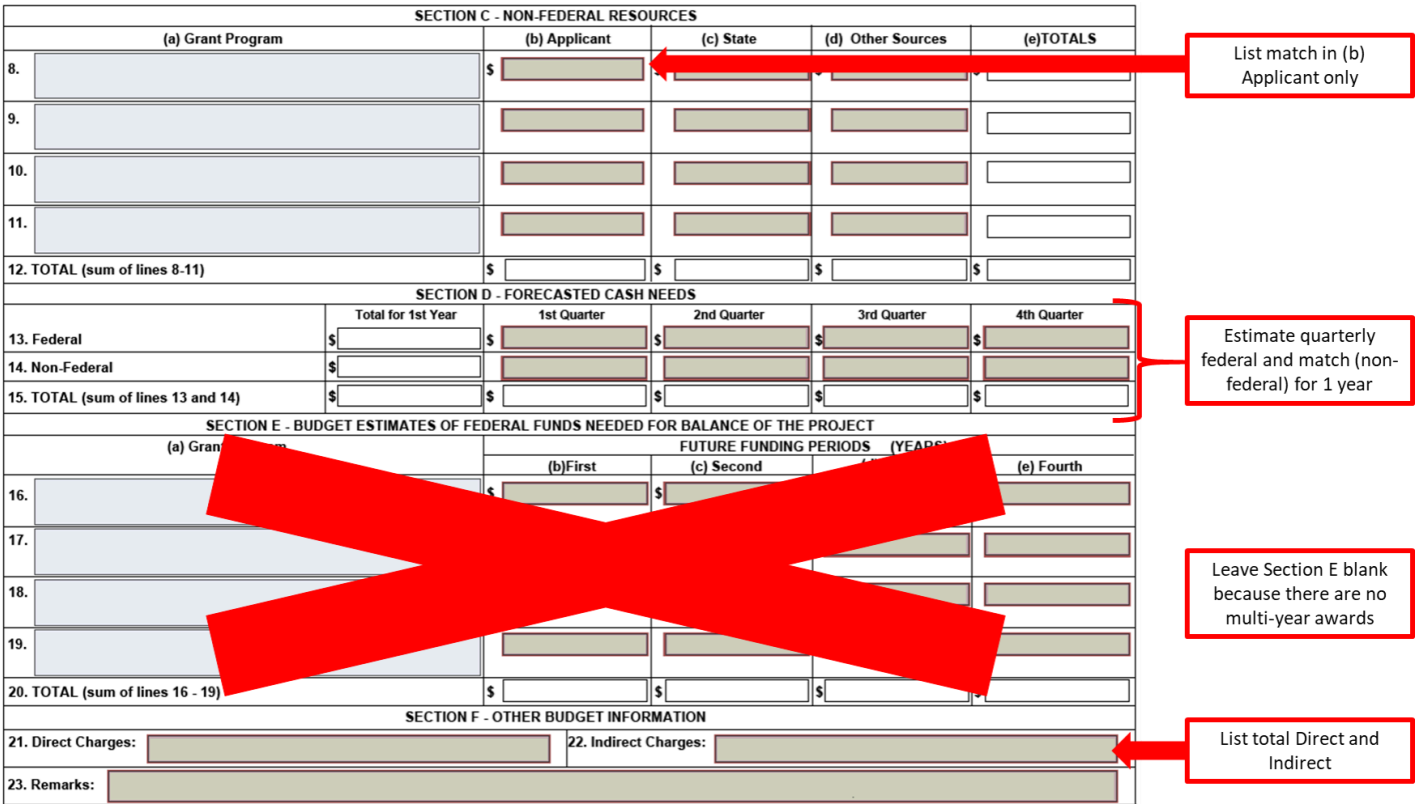
Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		$	$	$	$	$
2.						
3.						
4.						
5. Totals		$	$	$	$	$

Only fill out Row 1. Separate federal and match amounts in columns e and f

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY (1)	(2)	(3)	(4)	Total (5)
	Federal	Match			
a. Personnel	$	$	$		$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					$
j. Indirect Charges					$
k. TOTALS (sum of 6i and 6j)	$	$	$	$	$
7. Program Income	$	$	$	$	$

Separate and list federal and match in columns 1 and 2



Form Tips

- SF424 #19. This program is eligible for coverage under E.O. 12372. Choose “a” or “b”. Please check "Intergovernmental Review of Federal Programs (SPOC List)” for your state’s requirement.
- List of Grants.gov Form Instructions.

Budget Tips

- All dollar amounts listed in your budget should be the **same** in the budget narrative, budget table, SF-424 and SF-424A.
- Budget table- provide a breakdown for a supplies budget of $5,000 or more.
- ‘Other’ category- show how you estimated this cost regardless of the amount (e.g., you estimate $1,000 for sample analyses, please show how you calculated that amount).
- The Authorized Representative must be the same person for **ALL** of the signed forms and should be the person that logs into the Grants.gov workspace. All form signatures will become the name listed on the Grants.gov workspace.

- If no fringe or indirect costs are budgeted, please provide a sentence stating that indirect costs are not needed and the reason why (e.g., “Indirect costs are not needed and will be covered by another part of our program”).
- **SAM.gov registration must be current when submitting the application**. You should ensure it remains current through September of the following year by proactively renewing your registration before it expires. If it expires at any point during the year, the renewal can take a lot longer and may delay receiving an award

Resources

Prescott Cost-Share Calculator

Independent Sector

NFWF Indirect Cost Calculator

Budget Narrative Guidance for NOAA Grants

OMB Uniform Guidance at 2 CFR part 200, IV to determine Cognizant Agency for individualized NICRA

NOAA NICRA contact, Jennifer Jackson, NOAA Grants Management Division jennifer.jackson@noaa.gov.

Proposal Tips

- Example documents can be found at the bottom of the Prescott FAQs page
- High Priority Pathogens List 2011
- DO NOT include IRS documents regarding 501c3 status nor Stranding Agreement (the Eligibility Letter replaces your Stranding Agreement)

Registration Tips

- System for Award Management (SAM) required to do business with the U.S. government (**minimum** 10 days for full registration). SAM will issue a 12-character unique entity identifier (UEI) used to complete your full SAM registration and which serves as the official organization identifier in other federal systems

- Grants.gov required to submit grant applications through the federal-wide grant portal
- eRA Commons required to do business with NIH and some agency partners such as NOAA (4 weeks for full registration)

Resources

SAM.gov Help Desk
866-606-8220
https://sam.gov/content/about/contact

Grants.gov Help Desk
800-518-4726
support@grants.gov

eRA Commons Help Desk
866-504-9552 (Toll-free)
301-402-7469 (Phone)
https://www.era.nih.gov/need-help