

Appendix 1

Sample of a Completed SF-424 Form

Below is a completed SF-424 for you to use as reference. The funding numbers provided is based on the budget example you can find in Appendix 3.

OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424	
*1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	*2. Type of Application: * If Revision, select appropriate letter(s): <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation *Other (Specify): _____ <input type="checkbox"/> 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: Organization X	
*b. Employer/Taxpayer Identification Number (EIN/TIN): 44-4444444	*c. Organizational DUNS:
d. Address:	
*Street 1: 23 rd Street, Building 25	
Street 2: _____	
*City: Cairo	
County/Parish: _____	
*State: _____	
Province: _____	
*Country: Egypt	
*Zip / Postal Code: 11522	
e. Organizational Unit:	
Department Name:	Division Name:
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: Mr. *First Name: John	
Middle Name: _____	

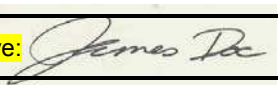
Appendix 1

*Last Name: Doe	
Suffix:	
Title: Project Coordinator	
Organizational Affiliation:	
*Telephone Number: 202-1-345-657	Fax Number: 202-1-345-258
*Email: jdoe123@organizationx.com	

Application for Federal Assistance SF-424	
9. Type of Applicant 1: Select Applicant Type: N. Nonprofit without 501C3 Status Type of Applicant 2: Select Applicant Type: W. Non-domestic (non-US entity) Type of Applicant 3: Select Applicant Type: *Other (Specify)	
*10 Name of Federal Agency: Bureau of Near Eastern Affairs, Office of the Middle East Partnership Initiative	
11. Catalog of Federal Domestic Assistance Number: 19.500 CFDA Title: Middle East Partnership Initiative (MEPI)	
*12 Funding Opportunity Number: NEAPI-11-AW-037-MENA-100111 *Title: MEPI Local Grants Annual Program Statement	
13. Competition Identification Number: Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.): Egypt	
*15. Descriptive Title of Applicant's Project: Legal Rights Education Project in Egypt	

Application for Federal Assistance SF-424	
16. Congressional Districts Of:	
*a. Applicant: 00-000	*b. Program/Project: 00-000

Appendix 1

17. Proposed Project:	
*a. Start Date: 01-01-2011	*b. End Date: 01-01-2012
18. Estimated Funding (\$):	
*a. Federal	\$ 125805
*b. Applicant	\$ 66192
*c. State	\$ 0.00
*d. Local	\$ 0.00
*e. Other	\$ 0.00
*f. Program Income	\$ 0.00
*g. TOTAL	\$ 191997
*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="checkbox"/> b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input checked="" type="checkbox"/> c. Program is not covered by E.O. 12372.	
*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> ** 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: Mr.	*First Name: James
Middle Name:	
*Last Name: Doe	
Suffix:	
*Title: President	
*Telephone Number: 202-1-345-657	Fax Number: 202-1-345-258
* Email: jamesdoe@organziationx.com	
*Signature of Authorized Representative: 	*Date Signed: