Updated: 7/26/24

| SF-424 Job Aid  |  | Check the                   |
|---|--|-----------------------------|
|   |  | solicitation to             |
|   | OMB Number: 4040-0001<br>Expiration Date: 11/30/2025             | see if there are            |
| APPLICATION FOR FEDERAL ASSISTANCE                                      | 3. DATE RECEIVED BY STATE   State Application Identifier         | special                     |
| SF 424 (R&R)  |  | requirements for            |
| 1. TYPE OF SUBMISSION   | 4. a. Federal Identifier   | these fields.               |
| Pre-application Application Changed/Corrected Application               | b. Agency Routing Identifier                                     |                             |
| 2. DATE SUBMITTED Applicant Identifier                                  |  |                             |
|   | c. Previous Grants.gov   | Use the following: [PI last |
| 5. APPLICANT INFORMATION  | UEI: HTQ6K6NJFHA6  | name] [sponsor              |
| Legal Name: Board of Regents, Univ of Nebraska, Univ of                 | Nebraska-Lincoln   | abbreviation] [NuRamp       |
| Department:   |  | form ID]                    |
| Division:   |  |                             |
| Street1: 151 Prem S. Paul Research Center at Whittier Sc                | hool   | e.g. Smith DOE 123456       |
| Street2: 2200 Vine Street   |  |                             |
| City: Lincoln County / Paris  | Sh: Lancaster  |                             |
| State: NE: Nebraska   | Province:  |                             |
| Country: USA: UNITED STATES   | ZIP / Postal Code: 68583-0861                                    |                             |
| Person to be contacted on matters involving this application            |  |                             |
| Prefix: Pre-award person's fir  |  | Contact should              |
| Last Name: Pre-award person's last name                                 | Suffix:  | be the OSP Pre-             |
| Position/Title:   |  |                             |
| Street1: 151 Prem S. Paul Research Center at Whittier Sc                | chool  | Award individual            |
| Street2: 2200 Vine Street   |  | submitting the              |
|   | ish: Lancaster   | proposal.                   |
| State: NE: Nebraska   | Province:  |                             |
| Country: USA: UNITED STATES   | ZIP / Postal Code: 68583-0861                                    |                             |
| Phone Number: pre-award person's phone# Fax Number: (402                | ) 472-9323   |                             |
| Email: pre-awardperson'semailaddress@unl.edu                            |  |                             |
| 6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 47-0049123                   |  |                             |
|   | Controlled Institution of Higher Education                       |                             |
| Other (Specify): Small Business Organization Type   Women Owned   Socie | ally and Economically Disadvantaged                              |                             |
| 8. TYPE OF APPLICATION: If Revision, mark a                             | appropriate box(es).   |                             |
| New Resubmission A. Increase A  | ward B. Decrease Award C. Increase Duration D. Decrease Duration |                             |
| Renewal Continuation Revision E. Other (spe                             | cify):   |                             |
|   | Vhat other Agencies?   |                             |
| 9. NAME OF FEDERAL AGENCY: 10. CATAL                                    | LOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:                       |                             |
| TITLE:  |  |                             |
| 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:                           |  |                             |
|   |  |                             |
| 12. PROPOSED PROJECT: 13. CONGRESSIONAL DISTRICT                        | OF APPLICANT   |                             |
| Start Date Ending Date  |  |                             |

Updated: 7/26/24

| SF 424 (R&R) APPLICATION FOR FE  |   |                  |
|--|---|------------------|
| Prefix: First Name:  | Middle Name:  | $\neg$ $\square$ |
| Last Name:   | Suffix:   |                  |
| Position/Title:  |   |                  |
| Organization Name: University of Nebraska-Lin  | ncoln   |                  |
| Department:  | icotii  |                  |
| Division:  |   | _                |
| Street1:   |   |                  |
| Street2:   |   |                  |
| City:  | County / Parish: Lancaster  |                  |
| State: NE: Nebraska  | Province:   | 1                |
| 3  | ZIP / Postal Code:  |                  |
| OSA: ONTIED STATES   | x Number:   |                  |
|  | X Number.   |                  |
| Email:   |   |                  |
| 15. ESTIMATED PROJECT FUNDING  | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 12372 PROCESS?  | ORDER            |
| ı. Total Federal Funds Requested   | a. YES THIS PREAPPLICATION/APPLICATION WAS MADE   | Check the        |
| . Total Non-Federal Funds  | AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:   | solicitation t   |
|  | DATE:   | if this applies  |
| . Total Federal & Non-Federal Funds  | b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR  | ii tilis apptie. |
| I. Estimated Program Income  | PROGRAM HAS NOT BEEN SELECTED BY STATE FOR  |                  |
|  |   |                  |
| true, complete and accurate to the best of my knowled<br>terms if I accept an award. I am aware that any false, the<br>administrative penalties. (U.S. Code, Title 18, Section   | REVIEW  ements contained in the list of certifications* and (2) that the statements herein aldge. I also provide the required assurances * and agree to comply with any resulfictitious. or fraudulent statements or claims may subject me to criminal, civil, or   | ting             |
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