

**SF-424 Job Aid**

Check the solicitation to see if there are special requirements for these fields.

Use the following: [PI last name] [sponsor abbreviation] [NuRamp form ID]

e.g. Smith DOE 123456

Contact should be the OSP Pre-Award individual submitting the proposal.

OMB Number: 4040-0001  
Expiration Date: 11/30/2025

**APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)**

<b>1. TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> [ ]	<b>State Application Identifier</b> [ ]
<b>2. DATE SUBMITTED</b> [ ]		<b>4. a. Federal Identifier</b> [ ]	
<b>Applicant Identifier</b> [ ]		<b>b. Agency Routing Identifier</b> [ ]	
<b>5. APPLICANT INFORMATION</b>		<b>c. Previous Grants.gov Tracking ID</b> [ ]	
Legal Name: Board of Regents, Univ of Nebraska, Univ of Nebraska-Lincoln		UEI: HTQ6K6NJFHA6	
Department: [ ]			
Division: [ ]			
Street1: 151 Prem S. Paul Research Center at Whittier School			
Street2: 2200 Vine Street			
City: Lincoln		County / Parish: Lancaster	
State: NE: Nebraska		Province: [ ]	
Country: USA: UNITED STATES		ZIP / Postal Code: 68583-0861	
Person to be contacted on matters involving this application Prefix: [ ] First Name: Pre-award person's first name Middle Name: [ ] Last Name: Pre-award person's last name Suffix: [ ] Position/Title: [ ] Street1: 151 Prem S. Paul Research Center at Whittier School Street2: 2200 Vine Street City: Lincoln County / Parish: Lancaster 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			
<b>6. EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 47-0049123			
<b>7. TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): [ ]			
<b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged			
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): [ ]	
Is this application being submitted to other agencies? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		What other Agencies? [ ]	
<b>9. NAME OF FEDERAL AGENCY:</b> [ ]		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: [ ]	
<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> [ ]			
<b>12. PROPOSED PROJECT:</b> Start Date [ ] Ending Date [ ]		<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b> NE-001	

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION**

Prefix:  First Name:  Middle Name:   
 Last Name:  Suffix:   
 Position/Title:   
 Organization Name:  University of Nebraska-Lincoln  
 Department:   
 Division:   
 Street1:   
 Street2:   
 City:  County / Parish:  Lancaster  
 State:  NE: Nebraska Province:   
 Country:  USA: UNITED STATES ZIP / Postal Code:   
 Phone Number:  Fax Number:   
 Email:

**15. ESTIMATED PROJECT FUNDING**

a. Total Federal Funds Requested   
 b. Total Non-Federal Funds   
 c. Total Federal & Non-Federal Funds   
 d. Estimated Program Income

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE:   
 b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR  
☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

Check the solicitation to see if this applies.

17. 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.

**18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation****19. Authorized Representative**

Prefix:  First Name:  Suzan Middle Name:   
 Last Name:  Lund Suffix:   
 Position/Title:  Associate Director  
 Organization:  Board of Regents, Univ of Nebraska, Univ of Nebraska-Lincoln  
 Department:  Office of Sponsored Programs  
 Division:   
 Street1:  151 Prem S. Paul Research Center at Whittier School  
 Street2:  2200 Vine Street  
 City:  Lincoln County / Parish:  Lancaster  
 State:  NE: Nebraska Province:   
 Country:  USA: UNITED STATES ZIP / Postal Code:  68583-0861  
 Phone Number:  (402) 472-3171 Fax Number:  (402) 472-9323  
 Email:  osp-preaward@unl.edu

Signature of Authorized Representative

Date Signed

11/16/2023

**20. Pre-application****21. Cover Letter Attachment**