Always complete the SF 424 Form FIRST as this information will be used to populate other forms.

NOTE: Any fields highlighted in YELLOW are required fields by Grants.gov. Your sponsor may have additional fields that will not be highlighted.
Items 10-13 Pre-populate based on the FOA may be blank
### 16. Congressional Districts Of:
- a. Applicant: CA-014
- b. Program/Project: ***

Attach an additional list of Program/Project Congressional Districts if needed. **Add List if multiple project locations**

**Add Attachment**  **Delete Attachment**  **View Attachment**

### 17. Proposed Project:
- a. Start Date: 
- b. End Date: 

**Add Project Start and End Dates**

**Here – use the calendar pick list.**

### 18. Estimated Funding ($):
- a. Federal
- b. Applicant
- c. State
- d. Local
- e. Other
- f. Program Income
- g. TOTAL

**Enter the est. federal funds for this project**
**Enter the amount requested for this application**
**Enter the est. state funds for this project**
**Enter est. local funds requested for this project**
**Enter any other funds requested for this project**
**Enter estimated Program Income**

- **Calculates automatically**

- **Enter “0” if any field is not applicable.**

- *If you estimate this project will result in program income, enter the anticipated amount. For additional information on program income, check the ORA website: [http://ora.stanford.edu/ora/rapc/prog_income.asp](http://ora.stanford.edu/ora/rapc/prog_income.asp)*

### 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.

**Most applications for Stanford will select “C”.**

### 20. Is the Applicant Delinquent On Any Federal Debt? (If “Yes”, provide explanation.)
- a. Yes
- b. No

**This is ALWAYS “NO”.**

### 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 210, Section 1001)

**X**  **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: 
- Middle Name: Check web if unsure: [http://ora.stanford.edu/grantsgov/contacts.asp](http://ora.stanford.edu/grantsgov/contacts.asp)
- * Last Name: 
- Suffix: 
- * Title: OSR: Contract & Grant Officer; RMG: Research Process Manager
- * Telephone Number: 
- Fax Number: 
- Email: 

**Signature of Authorized Representative:** Completed by Grants.gov upon submission.  **Date Signed:** Completed by Grants.gov upon submission.

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**Project: Enter CA-014 if the research is being performed locally; if elsewhere, enter the district of the location of research**

- If all of a state or the US enter the State or US-all (e.g.: CA-all, or US-all)
- If out of the country, enter 00-000
- If multiple districts, attach a PDF in the
Find other districts online: [http://www.nationalatlas.gov/printable/congress.html#list](http://www.nationalatlas.gov/printable/congress.html#list)
This is blank since you marked “NO” in box 20 above.