

SF-424 Instructions for RESEA -- APPLICATION

Use the current version of the SF-424 form [OMB Control No. 4040-0004 with an expiration date of 11/30/2025] for submission. Unsigned, incomplete and/or expired forms will not be accepted. The current version of the SF-424 is located at <https://www.grants.gov/web/grants/forms/sf-424-%20family.html>. All items with an asterisk (*) are required and must be completed. Please review your document prior to submission and after uploaded.

*Section #1 Type of submission	*Section #2 Type of Application	*Section #3 Date Received	Sections #4, #5a., #5b., #6, and #7
Select: Application -- Your state is submitting an application for the FY2025 RESEA program.	Select: New since this is a 1st time application.	Enter: date the form. When submitted to Grants.gov this may auto-populate via Grants.gov.	NOT REQUIRED

Application for Federal Assistance SF-424		
* 1. Type of Submission: ☐ Preapplication ☒ Application ☐ Changed/Corrected Application	* 2. Type of Application: ☒ New ☐ Continuation ☐ Revision	* If Revision, select appropriate letter(s): * Other (Specify):
* 3. Date Received: DD/MM/2025	4. Applicant Identifier: 	

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*Section #8 Applicant Information:

*8a. Legal Name:	Enter: <u>the legal name</u> that must match the name registered with the System for Award (SAM). Please refer to instructions at https://www.sam.gov . MUST match the information on the RESEA State Plan, Element 1. State Name.
*8b. Employer/Tax Identification Number (EIN/TIN):	Input: <u>the correct 9-digit EIN/TIN</u> as assigned by the Internal Revenue Service (IRS) and ensure that it is recorded within SAM.
*8c. Unique Entity Identifier (UEI):	Enter: <u>the organization's 12-character UEI received from SAM</u> . Please ensure that your state is registered with SAM. Instructions for registering with SAM can be found at https://www.sam.gov .
*8d. Address:	Enter: <u>the complete address including Zip code+4</u> , Example: 20110-0831. MUST match the information on the RESEA State Plan, Element 2. State Agency Administrator: Address.
*8e. Organizational Unit:	Input: <u>appropriate Department Name and Division Name</u> , if applicable
*8f. Name and contact information of person to be contacted on matters involving this application:	Provide: <u>complete and accurate contact information</u> including telephone number and email address for the point of contact.

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*Section #9 Type of Applicant 1: Select Applicant Type	*Section #10 Name of the Federal Agency	*Section #11 Catalog of Federal Domestic Assistance Number	*Sections #12 Funding Opportunity Number and Title
Select/Enter: <u>State Government</u>	Enter: <u>Employment and Training Administration</u>	CFDA # Enter: <u>17.225</u> ; CFDA Title Enter: <u>Unemployment Insurance</u>	Type: <u>UIPL 12-25</u> and its respective <u>"Title,"</u> see below example.

* 12. Funding Opportunity Number:

UIPL 12-25

* Title:

Fiscal Year (FY) 2025 Funding Allotments and Operating Guidance for Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grants.

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Section #13 Competition Identification Number	Section #14 Areas Affected by Project	*Section #15 Descriptive Title of Applicant's Project
NOT REQUIRED	NOT REQUIRED	Same as Section #12 "Title." See below example.

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Fiscal Year (FY) 2025 Funding Allotments and Operating Guidance for Unemployment Insurance (UI) Reemployment Services and Eligibility Assessment (RESEA) Grants.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

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*Section #16a. Congressional District of: Applicant	*Section #16b. Congressional District of: Program/Project	*Section #17a. Start Date	*Sections #17b. End Date
Enter: the Congressional District of your home office. For lookup use www.house.gov with the Zip+4 XX-##	Enter: the Congressional District where the project work is performed. If RESEA is statewide, enter XX-all	Enter: 01/01/2025 , which is the first day of the program year that the grant funds are associated. See UIPL No. 12-25	Enter: 09/30/2026 , which is the last day of the program year that the grant funds are associated. See UIPL No. 12-25

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:

01/01/2025

* b. End Date:

09/30/2026

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***Section #18 Estimated Funding (\$): Enter the amount requested to operate the RESEA program. The total amount may be up to the maximum and no more than the allotment identified in the annual RESEA operating guidance.**

*18a. Federal:	Enter: <u>"Dollar amount of Total Project Cost for Proposed State Plan RESEA."</u> This amount MUST match the amount entered for RESEA State Plan, Element 5a and SF-424A. The SF-424 will not be accepted if the amounts differ.
*18b. Applicant:	Enter: <u>0.00</u>
*18c. State:	Enter: <u>0.00</u>
*18d. Local:	Enter: <u>0.00</u>
*18e. Other:	Enter: <u>0.00</u>
*18f. Program Income:	Enter: <u>0.00</u>
*18g. TOTAL	Enter: <u>"Dollar amount of Total Project Cost."</u> Verify that entry in 18a matches 18g. Moreover, Element 5a on the RESEA State Plan is to match 18g. The SF-424 will be returned to the state for mismatching errors to be corrected. This may cause processing delays and/or disqualification.

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*Section #19 Is the Application Subject to Review by State Under Executive Order 12372 Process?	*Section #20 Is the Applicant Delinquent on any Federal Debt?
Select: <u>The appropriate response for your state.</u> If you do not know, contact your State Single Point of Contact for Federal Executive Order 12372.	Select: "YES" or "NO". This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of federal debt include but may not be limited to: delinquent audit dis allowances, loans, and taxes. If yes, include an explanation in an attachment.

* 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

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*Section #21 Authorized Representative (AR)

Please select the “I Agree” check box and provide complete information for your authorized signatory. If the AR changes during the grant cycle, the state MUST provide a name of the updated AR. Failure to do so may cause communication delays and/or meeting crucial timelines.

** I Agree	Check: the box <u>"I Agree"</u> .
Section #21 First Name	Enter: <u>the first name</u> of the AR who will be signing as the Signature of AR.
Section #21 Last Name	Enter: <u>the last name</u> of the AR who will be signing as the Signature of AR.
Section #21 Title	Enter: <u>the AR's title</u> .
Section #21 Telephone Number	Enter: <u>the AR's phone number</u> .
Section #21 Email	Enter: <u>the AR's email address</u> .
Section #21 Signature of Authorized Representative (AR)	<u>Sign and date by the Authorized Representative (AR)</u> of the applicant organization. Since the application is submitted via Grants.gov, this section is completed upon submission, therefore, verify that this section is populated with the correct AR information. Moreover, the AR person MUST be identified on the RESEA State Plan, Element 2 State Agency Administrator. This person will be the point of contact, for the grant, during the grant cycle.
Section #21 Date Signed	Enter: <u>the date signed</u> .