Texas General Land Office
Community Development and Revitalization Department
Disaster Recovery Reallocation Program (DRRP) Application
GLO Instructions for SF-424

Form Identifiers	Information
Form Name	Application for Federal Assistance (SF-424) V4.0
OMB Number	4040-0004
OMB Expiration Date	11/30/2025

The SF-424 is a standard form used to apply for federal grants. The GLO uses this form to document required information, but not all fields on the SF-424 are required for the DRRP application. Please note the SF-424 identifies the minimum required fields in yellow for federal funding. The GLO has identified the required fields for the DRRP application as indicated in the following guidance. Ensure all the required fields listed below are completed on the signed form and in TIGR.

Field Number	Field Name	Required or Not applicable (N/A)	Information
1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
3.	*Date Received:*	Required	Enter date the form is <u>signed</u> by the Authorized Representative
4.	*Applicant Identifier:*	N/A	Leave this field <u>blank</u>
5a.	*Federal Entity Identifier:*	Required	Enter "HUD-CDBG-DR"
5b.	*Federal Award Identifier:*	Required	Enter the applicable event for this application • Hurricanes Ike and Dolly • Hurricane Harvey • 2015 Floods • 2018 South Texas Floods • 2016 Floods • 2019 Disasters
6.	*Date Received by State:*	N/A	State use only, leave this field <u>blank</u>

Field Number	Field Name	Required or Not applicable (N/A)	Information
1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
7.	*State Application Identifier:*	N/A	State use only, leave this field <u>blank</u>
8.	*Applicant Information:*		
	a. Legal Name:	Required	Enter the legal name of the entity applying for DRRP funds. This is the organization that has registered with the System for Award Management (SAM). Information on registering with or updating/renewing a registration may be obtained by visiting <u>https://sam.gov</u> .
	b. Employer/Taxpayer Number (EIN/TIN):	Required	Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service.
	c. UEI:	Required	Enter the organization's Unique Entity Identifier assigned by SAM.gov. The UEI is a unique 12-character organization identifier.
	d. Address:	Required	Enter applicant's complete mailing address: Street 1 (required); City (required); County (required), ZIP/Postal Code (required).
	e. Organizational Unit	N/A	Leave these fields <u>blank</u>
	f. Name and contact information of person to be contacted on matters involving this application	Required	This may be a person employed by the entity or a third-party vendor designated by the applicant. At minimum complete the following fields in this section: First Name, Last Name, Title, Organizational Affiliation, Telephone Number, and Email.
9.	*Type of Applicant: Select Applicant Type*	Required	Select one applicant type from the list below. B: County Government C: City or Township Government I: Indian/Native American Tribal

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1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
			Government (Federally Recognized) J: Indian/Native American Tribal Government (Other than Federally Recognized) K: Indian/Native American Tribally Designated Organization L: Public/Indian Housing Authority
10.	*Name of Federal Agency:*	Required	Enter "HUD"
11.	*Catalog of Federal Domestic Assistance (CFDA) Number:*	Required	This is now referred to as the Assistance Listing Number (ALN). Enter 14.228
12.	*Funding Opportunity Number/Title*	Required	Enter the Funding Opportunity Number and title of the opportunity under which assistance is requested as found in the program announcement. *Number* *Title* N/A DRRP Hurricanes Ike and Dolly N/A DRRP 2015 Floods N/A DRRP 2016 Floods N/A DRRP Hurricane Harvey N/A DRRP 2018 South Texas Floods N/A DRRP 2019 Disasters
13.	*Competition Identification Number:*	N/A	Leave this field <u>blank</u>
14.	*Areas Affected by Project (Cities, Counties, States, etc.):*	N/A	Leave this field blank. This information is provided elsewhere in the application.
15.	*Descriptive Title of Applicant's Project:*	Required	Enter a brief descriptive title of the project. The form and TIGR entries must match.

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1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
16.	*Congressional Districts*	Required	16a. Applicant: Enter the applicable congressional district. 16b. Enter the primary district affected by the program or project. Enter in the following format: 2-character state abbreviation – 3 characters district number, e.g., TX-037 for Texas District 37. Attach an additional list of program/project congressional districts, if needed to the uploaded SF-424.
17.	*Proposed Project Start and End Dates:*	Required	Enter 5/1/2025 for the proposed start date and calculate the end date of the project based on the total number of months anticipated from contract execution to contract closeout. This must not exceed a total of 24 months.

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1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
18.	*Estimated Funding:*	Required	Enter the amount in the appropriate field: a. *Federal*: Amount of CDBG-DR funding requested b. *Applicant*: Amount to be contributed by the applicant. This will require a resolution approved by the governing body to commit the exact amount identified in the budget. c. *State*: Enter "0" d. *Local*: Amount to be contributed by a local entity other than the applicant. This will require a MOU/ILA to define roles and responsibilities and commit the designated amount. e. *Other*: Amount to be contributed by an entity not previously identified. This may be another federal or state agency, or other source. An award letter or similar document to support commitment of the designated funds will be required. f. *Program Income*: Enter the amount of program income contributing towards the overall project budget, if applicable. g. *TOTAL*: Ensure the various entry lines add up to a correct total that aligns with all supporting budget documentation. The value of in-kind contributions should be entered on the appropriate lines as applicable. Ensure the breakdown on the SF-424 matches budget numbers entered elsewhere and the total budget adds up correctly.
19.	*Is Application Subject to Review by State Under Executive Order*	Required	Applicants should select "b. Program is subject to E.O. 12372 but has not been selected by the state for review."

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1.	*Type of Submission:*	Required	Select "Application"
2.	*Type of Application:*	Required	Select "New"
20.	*Is the Applicant Delinquent on any Federal Debt?*	Required	Select the appropriate box. 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 disallowances, loans, and taxes. If *Yes,* include an explanation in an attachment as referenced in an earlier TIGR question.
21.	*Authorized Representative:*	Required	To be signed and dated by the Chief Elected Official, Executive Officer, or authorized representative. Complete the following fields in this section: First Name, Last Name, Title, Telephone Number, and Email. The Authorized Representative signing the SF-424 must have the ability to contractually obligate the applicant. A copy of the governing body's authorization to sign this application as the official representative must be on file in the applicant's office.