

Old SF-424	Version 02	
1. Type of submission - Application } <input type="checkbox"/> Construction - Pre-application } <input type="checkbox"/> Non-Construction	1. Type of Submission <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected	2. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision/ Corrected
2. Date Submitted – grantee indicated date submitted.	3. Date Received – Completed by Grants.gov upon submission.	
3. Date Received By State State Application Identifier	6. State Use Only (Section): - Date Rec'd by State = Leave Blank 7. Application Identifier = Leave Blank	
4. Federal Identifier – left blank.	5b. Federal Award Identifier - Leave blank if new application - Enter Grant Number if continuation or revision	
5. Applicant Information - Scattered in various Items.	8. Applicant Information - Consolidated - Includes EIN/TIN & DUNS	
6. EIN	8. Included in Item 8 above.	
7. Type of Applicant	9. Type of Applicant (select from instruction listing, Item 9) - Up to three applicants – Enter type of for the applicant organization only.	
8. Type of Application <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	2. Type of Application – now with Item #1 (above) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision/ Corrected	
9. Name of Federal Agency	10. Name of Federal Agency - U.S. Administration on Aging	
10. CFDA Title (Name of Program)	11. CFDA Number and Title	
11. Descriptive Title of Applicant's Project	15. Descriptive Title of Applicant's Project	
12. Areas Affected By Project (Cities, Counties, States, etc.)	14. Areas Affected By Project (Cities, Counties, States, etc.)	
13. Proposed Project Start Date Ending Date:	17. Proposed Project Start Date Ending Date:	
14. Congressional Districts Of: Applicant Project	16. Congressional Districts Of: Applicant Project : List all Use state and district code i.e. MD-001	
15. Estimated Funding a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	18. Estimated Funding (\$) - No change from Old Version a. Federal b. Applicant c. State d. Local e. Other f. Program Income g. TOTAL	
16. Subject to Review... E.O 12372	19. Application Subject to Review By State Under E.O 12372? - Same 3 options but is now clearer. <input type="checkbox"/> Program is not covered by E.O 12372	
17. Applicant Delinquent On Any Federal Debt?	20. Applicant Delinquent On Any Federal Debt? - Applicant organization only.	
18. Authorized Representative	Authorized Representative - Expanded certification and assurances statement. - Certification statement also contains agreement to comply with terms of award if accepted. - Now includes e-mail address and fax number	
	New Sections: 12. Funding Opportunity Number and Title 13. Competition Identification Number	