



Texas General Land Office
Community Development and Revitalization Department
 2021 Winter Storms (21WS) 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 21WS 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 21WS 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.	<i>Type of Submission:</i>	Required	Select “Application”
2.	<i>Type of Application:</i>	Required	Select “New”
3.	<i>Date Received:</i>	Required	Enter date the form is <u>signed</u> by the Authorized Representative
4.	<i>Applicant Identifier:</i>	N/A	Leave this field <u>blank</u>
5a.	<i>Federal Entity Identifier:</i>	Required	Enter “HUD-CDBG-DR”
5b.	<i>Federal Award Identifier:</i>	Required	Enter the applicable event for this application <ul style="list-style-type: none"> • 2021 Winter Storms
6.	<i>Date Received by State:</i>	N/A	State use only, leave this field <u>blank</u>

Field Number	Field Name	Required or Not applicable (N/A)	Information
7.	<i>State Application Identifier:</i>	N/A	State use only, leave this field <u>blank</u>
8.	<i>Applicant Information:</i>		
	<i>a. Legal Name:</i>	Required	Enter the legal name of the entity applying for 21WS 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 https://sam.gov
	<i>b. Employer/Taxpayer Number (EIN/TIN):</i>	Required	Enter the employer or taxpayer identification number (EIN or TIN) as assigned by the Internal Revenue Service
	<i>c. UEI:</i>	Required	Enter the organization's Unique Entity Identifier assigned by SAM.gov. The UEID is a unique 12-character organization identifier
	<i>d. Address:</i>	Required	Enter applicant's complete mailing address: Street 1 (required); City (required); County (required), ZIP/Postal Code (required)
	<i>e. Organizational Unit</i>	N/A	Leave these fields <u>blank</u>
	<i>f. Name and contact information of person to be contacted on matters involving this application</i>	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.	<i>Type of Applicant: Select Applicant Type</i>	Required	Select one applicant type from the list below. B: County Government C: City or Township Government I: Indian/Native American Tribal 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

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17.	<i>Proposed Project Start and End Dates:</i>	Required	Enter 4/1/2026 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
18.	<i>Estimated Funding:</i>	Required	<p>Enter the amount in the appropriate field:</p> <p>a. <i>Federal</i>: Amount of CDBG-DR funding requested</p> <p>b. <i>Applicant</i>: 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.</p> <p>c. <i>State</i>: Enter “0”</p> <p>d. <i>Local</i>: 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.</p> <p>e. <i>Other</i>: 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.</p> <p>f. <i>Program Income</i>: Enter the amount of program income contributing towards the overall project budget, if applicable.</p> <p>g. <i>TOTAL</i>: Ensure the various entry lines add up to a correct total that aligns with all supporting budget documentation.</p> <p>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</p>

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19.	<i>Is Application Subject to Review by State Under Executive Order</i>	Required	Applicants should select “b. Program is subject to E.O. 12372 but has not been selected by the state for review.”
20.	<i>Is the Applicant Delinquent on any Federal Debt?</i>	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.	<i>Authorized Representative:</i>	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