

Completing the SF424 Form

Most of the information on the SF424 form is filled in for you. There are several fields on this form that you will need to complete or confirm.

Estimated Time to Complete

5 to 10 minutes.

Prerequisites

The PI must have their profile completed in InfoEd. See the document *Completing Your Profile*.

You must know which GCO officer is the contact person for your department.

Instructions

1. Select the SF424 tab. The form is displayed:

SF424 (R&R)		Completed <input type="checkbox"/>	
1. TYPE OF SUBMISSION: <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application		2. DATE SUBMITTED <input type="text"/>	Application Identifier <input type="text" value="PD10-00228"/>
		3. DATE RECEIVED BY STATE <input type="text"/>	State Application Identifier <input type="text"/>
		4. DATE RECEIVED BY FEDERAL AGENCY <input type="text"/>	Federal Identifier <input type="text"/> Change
5. APPLICANT INFORMATION Legal Name: Mount Sinai School of Medicine of NYU Department: <input type="text" value="Training Department"/> Address (Street, city, state, zip/postal code) <input type="text" value="One Gustave L. Levy Place"/> <input type="text" value="New York NY 10029"/> <input type="text" value="U.S.A."/> Province: <input type="text"/>		Organizational DUNS: 07-886-1598 Division: <input type="text" value="Training Department"/> Clear	
Person to be contacted on matters involving this application Prefix: <input type="text" value="Ms."/> First Name: <input type="text" value="Jessica"/> Middle Name: <input type="text" value="R"/> Last Name: <input type="text" value="Moise"/> Suffix: <input type="text"/>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <input type="text" value="1136171197A1"/>		7. TYPE OF APPLICANT: <input type="radio"/> Private Institution of Higher Education	
8. TYPE OF APPLICATION: <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Woman-owned <input type="checkbox"/> Socially and Economically Disadvantaged	

Confirm 1.TYPE OF SUBMISSION. If this is a changed or corrected application to the NIH, it will require a cover letter.

During the setup questions, you indicated whether the application would have a cover letter. If you need to change that answer, you will need to un-complete the Setup Questions and redo them.

2. Fields 2, 3, 4, and the Application Identifier are filled in for you.
3. If this application was **not** previously submitted to the NIH, there will be no Federal Identifier and you can leave this field blank. Continue with the next step.

If this application **was** previously submitted to the NIH—such as with a continuation, renewal, resubmission, or revision—then it will have a Federal Identifier. Click the Change link and enter the identifier. Include the alphabetic characters before the number.

4. Field 5. APPLICANT INFORMATION is filled in for you.
5. Under Person to be contacted on matters involving this application, you must select the name of the GCO officer for your department:

- a. Click in any of the fields for the contact person:

Person to be contacted on matters involving this application			
Prefix:	First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	Fax Number:		Email:
<input type="text"/>	<input type="text"/>		<input type="text"/>

- b. InfoEd displays a screen where you select the contact person. From the drop-down list, select the GCO officer who is the contact person for your department:

Administrative Official to be Notified if Award is Made					Back
<input type="text" value="Moise, Jessica"/> <input type="button" value="Set"/>					
Salut	First Name	Last Name	Middle Name	Suffix	
<input type="text" value="Ms."/>	<input type="text" value="Jessica"/>	<input type="text" value="Moise"/>	<input type="text" value="R"/>	<input type="text"/>	
Address	<input type="text" value="Mount Sinai School of Medicine"/>		Title	<input type="text" value="Grants and Contracts Officer"/>	
	<input type="text" value="One Gustave L. Levy Place, Box 1075"/>		Phone	<input type="text" value="(212) 659-8970"/>	
	<input type="text"/>		Fax	<input type="text" value="(212) 876-6789"/>	
	<input type="text"/>		Email	<input type="text" value="jeffrey.cohn@mssm.edu"/>	
City	<input type="text" value="New York"/>				
County	<input type="text" value="New York"/>				
State	<input type="text" value="New York"/>				
Province	<input type="text"/>				
Zip	<input type="text" value="10029-6574"/>				
Country	<input type="text" value="U.S.A."/>				

- c. Click the Set button.

- d. Click the **Back** button. This returns you to the SF424 form, and fills in the contact person's information:
6. Fields 6 and 7 are filled in for you.
 7. Under field 8. **TYPE OF APPLICATION**, select the appropriate type. Remember that if it's a continuation, renewal, resubmission, or revision, you will need to indicate a cover letter under the Setup Questions. Check the tabs on the left side and ensure that one of them is **PHS 398 Cover Letter**.
 8. Field 9 is filled in for you.
 9. For the question **Is this application being submitted to other agencies?** indicate if the application will go to multiple agencies. If so, name the agencies here. You will also need to state multiple agencies in your cover letter.
 10. Fields 10 and 11 are filled in for you.
 11. In field 12. **AREAS AFFECTED BY PROJECT**, enter the geographic areas that will be affected by conducting this research.
 12. Under 13, double-check your **Start Date** and **Ending Date**. If these are incorrect, the fastest remedy is to abandon this proposal, delete it, and start over.
 13. The fields under 14 are filled in for you.
 14. The fields under 15 are filled in for you, with information taken from the PI's profile.

As stated under Prerequisites at the beginning of these instructions, the PI must have completed his/her profile in InfoEd before starting this process.

15. The fields under 16 will be filled in for you, after you complete your budget.
16. The fields under 17 are filled in for you, with information taken from the program announcement.
17. The check box under 18 will be selected for you, when the contact PI submits this application.
18. Under 19. **Authorized Representative**, you must once again select the name of the GCO officer for your department:
 - a. Click in any of the fields for the contact person:

Person to be contacted on matters involving this application			
Prefix:	First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number:	Fax Number:		Email:
<input type="text"/>	<input type="text"/>		<input type="text"/>

- b. InfoEd displays a screen where you select the contact person. From the drop-down list, select the GCO officer who is the contact person for your department:

Administrative Official to be Notified if Award is Made					Back
Moise, Jessica					Set
Salut	First Name	Last Name	Middle Name	Suffix	
Ms.	Jessica	Moise	R		
Address	Mount Sinai School of Medicine		Title	Grants and Contracts Officer	
	One Gustave L. Levy Place, Box 1075		Phone	(212) 659-8970	
			Fax	(212) 876-6789	
			Email	jeffrey.cohn@mssm.edu	
City	New York				
County	New York				
State	New York				
Province					
Zip	10029-6574				
Country	U.S.A.				

- c. Click the Set button.
- d. Click the Back button. This returns you to the SF424 form, and fills in the Authorized Representative's information.

19. When you finish filling in the SF424, click the Save icon in the upper left corner.

20. Click the Complete check box in the upper right corner. If you filled in all the required fields, InfoEd will mark the tab complete. If not, InfoEd will tell you which fields you must complete.

Next Steps

At this point, you can continue work on any of the other sections in your application.