

Attachment C – State and Territory Instructions for Completing the SF-424M for Low-Income Household Water Assistance Program (LIHWAP)

The SF-424M is a standard form (including the continuation sheet) that ACF requires every mandatory grant program to submit annually. Included below, we provide instructions for completing the form.

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- 1.a. Type of Submission: Select “Funding Request”
- 1.b. Frequency: Select “Annual”
- 1.c. Consolidated Application/Plan/Funding Request? Leave blank
- 1.d. Version: Select “Initial” the first year and “Resubmission” in subsequent years if applicable
2. Date Received: Leave blank
3. Applicant Identifier: Leave blank
- 4.a. Federal Entity Identifier: Leave blank
- 4.b. Federal Award Identifier: Enter the federal award identifier number; this is the Grant Document Number on the award letters.
5. Date Received by State: Leave blank
6. State Application Identifier: Leave blank
7. Applicant Information:
 - a. Legal Name: Enter Name of State Agency designated by the Governor to administer LIHWAP funds
 - b. Employer/Taxpayer Identification Number (EIN/TIN): State Agency EIN
 - c. Organizational DUNS: Enter State Agency DUNS or DUNS+4 number received from Duns and Bradstreet
- d. Address: Enter State LIHWAP Agency Address
- e. Organizational Unit:
- f. Name and contact information of person to be contacted on matters involving this submission: Enter name of contact person

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- 8.a. Type of Applicant: Enter “A” for State Government
9. Name of Federal Agency: Enter ACF
10. Catalog Federal Domestic Assistance (CFDA) Number and Title: Enter 93.568(B) and Low-Income Household Water Assistance Program

11. Descriptive Title of Applicant's Project: Enter "Low-Income Household Water Assistance Program"

12. Areas Affected by Funding: Enter Statewide

13. Congressional Districts

a. Applicant: Enter All

b. Program/Project: Enter Statewide

14. Funding Period

a. Start Date: Enter 10/01/2020 (beginning of the federal fiscal year)

b. End Date: Enter 09/30/2023 (end of the federal fiscal year)

15. Estimated Funding

a. Federal (\$): Leave blank

b. Match (\$): Leave blank

16. Is Submission Subject to Review by State Under Executive Order 12372 Process? Leave blank

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17. Is the Applicant Delinquent on any Federal Debt? Select "No" (if applicable)

18. Authorized Representative: Select "I Agree."

Enter the name, title, telephone number, and email address of the person authorized to enter into agreements with ACF