Federal Agency Form Instructions

Form Identifiers	Information		
Agency Owner	Grants.gov		
Form Name	Tangible Personal Property SF-428		
Form Version Number	1.0		
OMB Number	4040-0018		
OMB Expiration Date	12/31/2027		

Form Field Instructions

Field Number	Field Name	Required or Optional	Information
1.	Federal Agency and Organizational Element to Which Report is Submitted	Required	Enter the name of the Federal agency and the agency organization element identified in the award document or as otherwise instructed by the agency. This field is required.
2.	Federal Grant or Other Identifying Number Assigned by Federal Agency	Required	Enter the Federal grant, cooperative agreement or other Federal financial assistance award instrument number or other identifying number assigned to the Federal financial assistance award. This field is required.
3a.	UEI	Required	Enter the recipient organization's Unique Entity Identifier (UEI). This field is required.
3b.	EIN	Required	Enter the recipient organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service. This field is required.
4.	Recipient Organization (Name and complete address including zip code)	Required	Provide the information for Recipient Organization.
	Recipient Organization Name:	Required	Enter the Recipient Organization Name. This field is required.
	Street1:	Required	Enter the first line of the Street Address. This field is required.
	Street2:	Optional	Enter the second line of the Street Address.

OMB Number: 4040-0018

OMB Expiration Date: 12/31/2027

Field	Field Name	Required or	Information
Number		Optional	
	City:	Required	Enter the City. This field is required.
	County:	Optional	Enter the County.
	State:	Conditionally	Select the state, US possession or military code
		Required	from the provided list. Required if Country is USA.
	Province:	Optional	Enter the Province.
	Country:	Required	Select the Country from the provided list. This
			field is required.
	ZIP / Postal	Conditionally	Enter the Postal Code (e.g., ZIP code). Required if
	Code:	Required	Country is USA.
5.	Recipient	Optional	Enter the account number or other identifying
	Account or		number assigned to the award by the recipient.
	Identifying		This number is for the recipient's use and is not
-	Number	0.11	required by the Federal agency.
6.	Attachment	Optional	Check applicable.
	(Check		
	applicable) Annual Report	Ontional	Check to select.
	(SF-428-A)	Optional	Check to select.
	Final (Award	Optional	Check to select.
	Closeout)	Ориона	Check to sciect.
	Report (SF-428-		
	B)		
	Disposition	Optional	Check to select.
	Report/Request		
	(SF-428-C)		
7.	Supplemental	Optional	Check the applicable block to indicate whether a
	Sheet		Supplemental Sheet is attached. Recipients may
			use the SF-428S or equivalent document such as a
			computer print out to provide required detailed
			individual item information.
8.	Comments	Optional	Provide any explanations or additional
			information.
9a.	Typed or	Required	Provide the information for Authorized Certifying
	Printed Name		Official.
	and Title of		
	Authorized		
	Certifying		
	Official	Onting of	Calant the Dueffy frame the constitutible and
	Prefix:	Optional	Select the Prefix from the provided list or enter a
	First Norse	Doguirod	new Prefix not provided on the list.
	First Name:	Required	Enter the First Name. This field is required.

OMB Number: 4040-0018

OMB Expiration Date: 12/31/2027

Field Number	Field Name	Required or Optional	Information
	Middle Name:	Optional	Enter the Middle Name.
	Last Name:	Required	Enter the Last Name. This field is required.
	Suffix:	Optional	Select the Suffix from the provided list or enter a
			new Suffix not provided on the list.
	Title:	Required	Enter the title of the authorized certifying official.
			This field is required.
9b.	Signature of	Required	Signature of the recipient's authorized certifying
	Authorized		official. This field is required.
	Certifying		
	Official		
9c.	Telephone	Required	Enter the telephone number (including area code
	(area code,		and extension) of the individual listed in section
	number,		9a. This field is required.
	extension)		
9d.	E-mail Address	Required	Enter a valid E-mail Address. This field is required.
9e.	Date report	Required	Enter the date the report is submitted to the
	submitted		Federal agency as mm/dd/yyyy. This field is
	(MM/DD/YYYY):		required.
10.	Agency Use	N/A	This section is reserved for Federal agency use
	Only		only

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