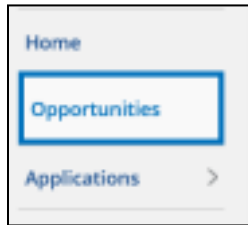


**Table of Contents:**

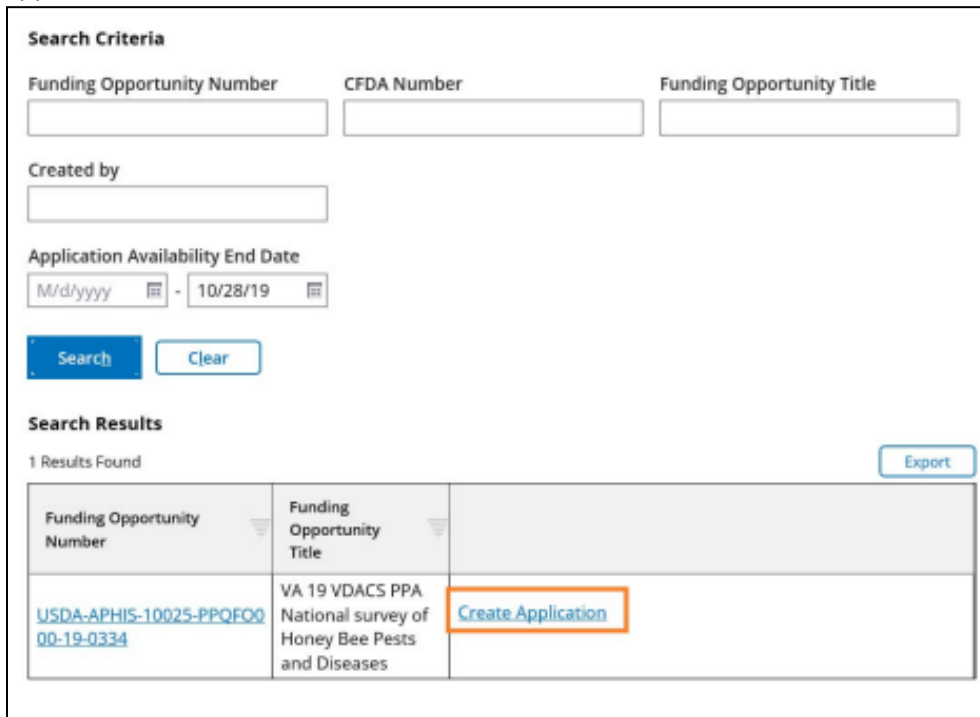
<b>Create a Proposal.....</b>	<b>2</b>
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## Create a Proposal

1. Log in to <https://www.eauth.usda.gov/eauth/b/usda/login>.
2. On the left menu, select Opportunities.



3. Searching by the Funding Opportunity Number is often the easiest method. In the resulting list, select the Create Application link.

A screenshot of a search results page. At the top, under 'Search Criteria', there are three input fields: 'Funding Opportunity Number', 'CFDA Number', and 'Funding Opportunity Title'. Below these is a 'Created by' field and an 'Application Availability End Date' field with a date picker set to '10/28/19'. There are 'Search' and 'Clear' buttons. The 'Search Results' section shows '1 Results Found' and an 'Export' button. A table contains one result with the following data:

Funding Opportunity Number	Funding Opportunity Title	
<a href="#">USDA-APHIS-10025-PPQF00-19-0334</a>	VA 19 VDACS PPA National survey of Honey Bee Pests and Diseases	<a href="#">Create Application</a>

The application comprises a series of forms/tabs. Complete each form in accordance with the funding opportunity instructions. Some fields are pre-populated and are not editable. USDA has completed the information in these fields based on our SAM.gov registration.

In the field Name and Contact Information of the Person to be Contacted on Matters Involving this Application, enter your department's ORA Contract Administrator and the email: [oraa@umd.edu](mailto:oraa@umd.edu), phone: 301-405-6269.

Application Details		
<b>* 1. Type of Submission:</b> <input type="radio"/> Preapplication <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	<b>* 2. Type of Application:</b> <input type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	<b>If Revision, select appropriate letter(s):</b> <div>Select ...</div>
<b>3. Date Received:</b> N/A	<b>4. Applicant Identifier:</b> <div></div>	<b>5a. Federal Entity Identifier:</b> <div></div>
<b>5b. Federal Award Identifier:</b> N/A		

## Application Details:

1. Type of submission:
  - Preapplication
  - Application
  - Changed/corrected Application
2. Type of application:
  - New
  - Continuation
  - Revision
  - If Revision, select appropriate letter(s): may be required if the type of application is a revision.
3. Date Received: N/A
4. Applicant Identifier: N/A
5. A. Federal Entity Identifier: Not required. This number is assigned to an organization by a federal agency, if applicable.  
 B. Federal Award Identifier: Use accordingly; see solicitation for guidance.

State Use Only	
<b>6. Date Received by State:</b> N/A	<b>7. State Application Identifier:</b> N/A

6. Do not use.
7. Do not use.

Applicant Information		
<b>8. Applicant Information</b>		
<b>a. Legal Name:</b> UNIVERSITY OF MARYLAND, COLLEGE PARK OFFICE OF RESEARCH ADMINISTRATION	<b>b. Employer/ Taxpayer Identification Number (EIN/TIN):</b> N/A	<b>c. UEI:</b> NPU8ULVAAS23
<hr/>		
<b>d. Address</b>		
<b>Street 1:</b> 3112 LEE BLDG 7809 REGENT	<b>Street 2:</b> N/A	<b>City:</b> COLLEGE PARK
<b>County/Parish:</b> N/A	<b>State:</b> MD	<b>Province:</b> N/A
<b>Country:</b> US	<b>Zip/ Postal Code:</b> 20742	

8. Applicant information:  
a/b/c/d are pre-populated.

<b>e. Organizational Unit</b>		
<b>Department Name:</b>	<b>Division Name:</b>	
<input type="text"/>	<input type="text"/>	
<hr/>		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b>	<b>* First Name:</b>	<b>Middle Name:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>* Last Name:</b>	<b>Suffix:</b>	<b>Title:</b>
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>
<b>Organizational Affiliation:</b>	<b>Phone:</b>	<b>Fax:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>* Email:</b>		
<input type="text"/>		

e. Organizational Unit  
 Department Name: Name of Department.  
 Division Name: Name of College.  
 f. PI information

Questions 9 - 13

9. Applicant Details

Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Ec

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

10. Federal Agency Information

Federal Agency Name:

Animal and Plant Health Inspection Service

9. Applicant Details:
- Type of applicant 1:

Select Applicant Type: Select H. Public/State Controlled Institution of Higher Education.
10. Federal Agency Information: Pre-populated based on the funding announcement.

11. Catalog of Federal Domestic Assistance Information

CFDA Number:

10.025

CFDA Title:

PLANT AND ANIMAL DISEASE, PEST CONTROL, AND ANIMAL CARE

12. Funding Opportunity Information

Funding Opportunity Number:

[USDA-APHIS-10025-VSSP0000-24-0001](#)

Title:

National Animal Disease Preparedness and Response Program (NADPRP) Fiscal Year 2024

13. Competition Identification Information

Competition Identification Number:

N/A

Title:

N/A

11. Catalog of Federal Domestic Assistance Information: Pre-populated based on the funding announcement.
12. Funding Opportunity Information: Pre-populated based on the funding announcement.
13. Competition Identification Information: Pre-populated based on the funding announcement.

**14. Areas Affected by Project (Cities, Countries, States, etc.)**

Areas Affected:

N/A

*Please add any relevant attachments to the attachments screen.*

**15. Descriptive Title of Applicant's Project**

200 characters until maximum length is reached

Attach supporting documents as specified in agency instructions

*Please add any relevant attachments to the attachments screen.*

**14. Areas Affected by Project (Cities, Countries, States, etc)**

Depending on the funding announcement.

15. Descriptive title of applicant's project: The title has a 200-character limit. The sponsor title length limit may be shorter.

**16. Congressional Districts Information**

\* a. District Of Applicant:

\* b. District Of  
Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed

*Please add any relevant attachments to the attachments screen.*

**17. Proposed Project**

\* a. Start Date:

\* b. End Date:

16. Congressional District Information.

a. District of applicant: MD-004.

B. District of Program/Project: MD-004.

17. Proposed project

a. Start Date:

b. End Date:

## 18. Estimated Funding Information

a. Federal:

---

b. Applicant:

---

c. State:

---

d. Local:

---

e. Other:

---

f. Program Income:

---

g. TOTAL:

\$0.00

18.a Federal: Request amount (Indirect + Direct cost).

18.b Sum of all cost share amount.

### \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☐ a) This application was made available to the State under the Executive Order 12372 Process for review on

M/d/yyyy



- ☐ b) Program is subject to EO 12372 but has not been selected by the State for review

- ☐ c) Program is not covered by EO 12372

### \* 20. Is the Applicant Delinquent On Any Federal Debt? (If Yes, provide explanation in attachment)

☐ Yes

☐ No





If "Yes", provide explanation and attach

Please add any relevant attachments to the attachments screen

19. State Under Executive Order 12372 Process?  
Answer based on funding announcement.

20 Applicant Delinquent on Any Federal Debt?  
No

## SF424A Budget Information - Non-Construction Programs

Section A - Budget Summary						
* Grant Program Function or Activity	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non- Federal (d)	Federal * (e)	Non- Federal * (f)	Total (g)
<input type="text"/>	10.025	N/A	N/A	<input type="text"/>	<input type="text"/>	<b>\$0.00</b> 
<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>	<b>\$0.00</b> 
<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>	<b>\$0.00</b> 
<input type="text"/>	<input type="text"/>	N/A	N/A	<input type="text"/>	<input type="text"/>	<b>\$0.00</b> 
<b>Totals</b>		---	---	\$0.00	\$0.00	<b>\$0.00</b>

(e) Total Sponsor Cost (need to match SF424 18A)

(f) Sum of All Cost Share (need to match SF424 18B)



Section B - Budget Categories					-
6. Object Class Categories					
Grant Program Function or Activity					
	(1)	(2)	(3)	(4)	(5) Total
a. Personnel	\$	\$	\$	\$	\$0.00
b. Fringe Benefits	\$	\$	\$	\$	\$0.00
c. Travel	\$	\$	\$	\$	\$0.00
d. Equipment	\$	\$	\$	\$	\$0.00
e. Supplies	\$	\$	\$	\$	\$0.00
f. Contractual	\$	\$	\$	\$	\$0.00
g. Construction	\$	\$	\$	\$	\$0.00
h. Other	\$	\$	\$	\$	\$0.00
i. Total Direct Charges (sum of 6a-6h)	\$0.00	\$0.00	\$0.00	\$0.00	---
j. Indirect Charges	\$	\$	\$	\$	\$0.00
k. Totals (sum of 6i and 6j)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7. Program Income	\$	\$	\$	\$	\$0.00

Total for the Section B has to match Section A.e Total Sponsor Cost

Section C - Non-Federal Resources					-
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) Totals	
8. N/A	\$	\$	\$	---	
9. N/A	\$	\$	\$	---	
10. N/A	\$	\$	\$	---	
11. N/A	\$	\$	\$	---	
12. Total (sum of lines 8 - 11)	---	---	---	---	

**Section D - Forecasted Cash Needs**

-

	Total (1st Year)	Total (Quarter 1)	Total (Quarter 2)	Total (Quarter 3)	Total (Quarter 4)
13. Federal	_____	\$ _____	\$ _____	\$ _____	\$ _____
14. Non-Federal	_____	\$ _____	\$ _____	\$ _____	\$ _____
15. Total	_____	_____	_____	_____	_____

**Section E - Budget Estimates Of Federal Funds Needed For Balance Of The Project**

-

(a) Grant Program	(b) First	(c) Second	(d) Third	(e) Fourth
16. N/A	\$ _____	\$ _____	\$ _____	\$ _____
17. N/A	\$ _____	\$ _____	\$ _____	\$ _____
18. N/A	\$ _____	\$ _____	\$ _____	\$ _____
19. N/A	\$ _____	\$ _____	\$ _____	\$ _____
20. Total (sum of lines 16-19)	_____	_____	_____	_____

**Section F - Other Budget Information**

-

21. Direct Charges

22. Indirect Charges

23. Remarks

Partners

Individuals listed on this form must have USDA ezFedGrants Accounts. Begin to type the name in the field and names will appear below. You must select the name from the list.

Partners

Select a partner by typing their name into the appropriate field. As you type, a list of matching names will appear below the field (you may need to press the down arrow on your keyboard to display the list). Click the appropriate partner's name when it appears on the list of matches. Please note that all partners must be registered in ezFedGrants.

The Signatory Official is not a required partner. If one is not defined, then USDA will send notifications and work items to all Signatory Officials associated with your organization.

\* Primary Administrative Contact

PI name

Clear

Secondary Administrative Contact

Clear

\* Primary Program Contact

Christine Kang

Clear

Secondary Program Contact

Clear

Primary Authorized Representative

Clear

Secondary Authorized Representative

Clear

Primary Signatory Official

Clear

Secondary Signatory Official

Clear

Additional Information

The Primary Administrative Contact is the UM Principal Investigator.  
The Primary Program Contact is Christine Kang.  
Leave the Signatory Official blank.  
All other fields on this form should remain blank.

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Updated 10/16/2024  
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## Additional Details

<b>Reporting Details</b>			
* Recipient Type	* Minority Business Enterprise (MBE) Indicator	* Minority Serving Institution (MSI)	
H = Public/State Controlled Institu	N/A	N/A	

---

**DATA Act Details**

The following place of performance data elements enable USDA to implement the Digital Accountability and Transparency Act of 2014 (DATA Act), which ensures that the public can access information on entities and organizations receiving Federal funds. The section below requests the primary location of performance under the proposed Federal award. USDA reports DATA Act data to [www.usaspending.gov](http://www.usaspending.gov)

* 2 CFR 5 25.110, DUNS/CCR Exempted Entity?	* Place of Performance Code:	* State Sub Entity:	
No	State/DC/Territories	Statewide	

**Performance Address Information**

Performance Country Name	* Performance State Name:	Performance County Name:	Performance City Name:
United States	Maryland		

Performance Street Address 1:	Performance Street Address 2:	Performance Zip Code:

## Attachments

**Attachments**

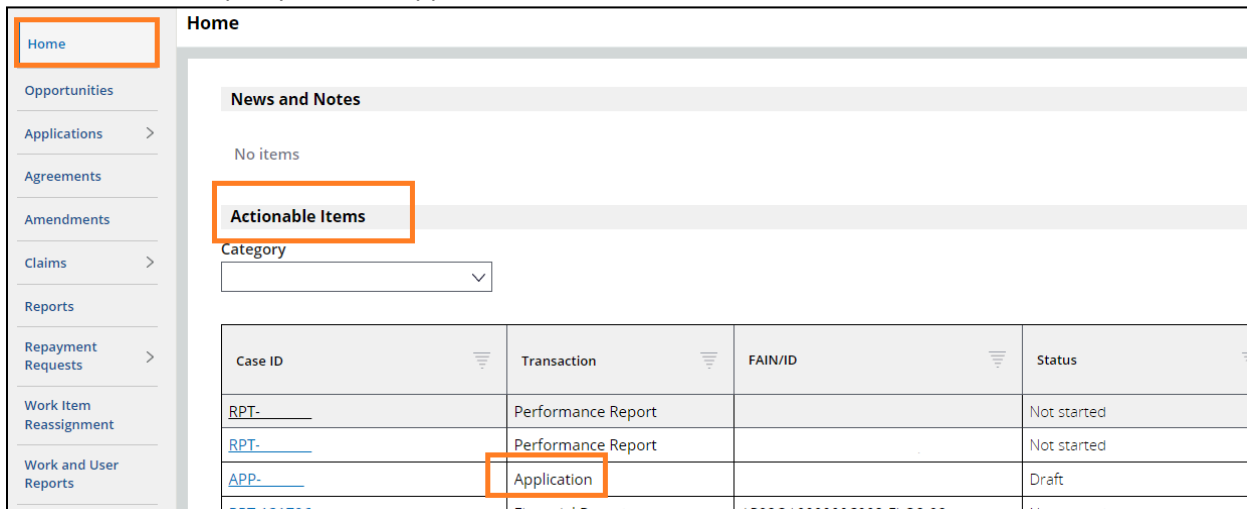
Upload attachments by clicking on the Attach buttons below. Forms with a red asterisk are required for submission. Additional documents may be uploaded by clicking the 'Click Here to Attach Files' link above.

SF-424B, Assurances – Non-Construction Programs	Attach
* Work Plan	Attach
* Financial Plan	Attach
SPOC Letter	Attach
SF-LLL, Disclosure of Lobbying Activities	Attach
Certification Regarding Lobbying	Attach

- Under the attachments, there is a list of attachments that are required/optional.
- Upload the appropriate PDF documents (Attachments will be limited to PDF files only. Please no digitally signed or fillable PDFs).
- The total size of all attachments cannot exceed 20 MB.

## Saving the Application and Accessing it Later

Once you have saved your application, you must access it via the Actionable Items list on the Home screen. Select the Transaction ID to open your draft application.

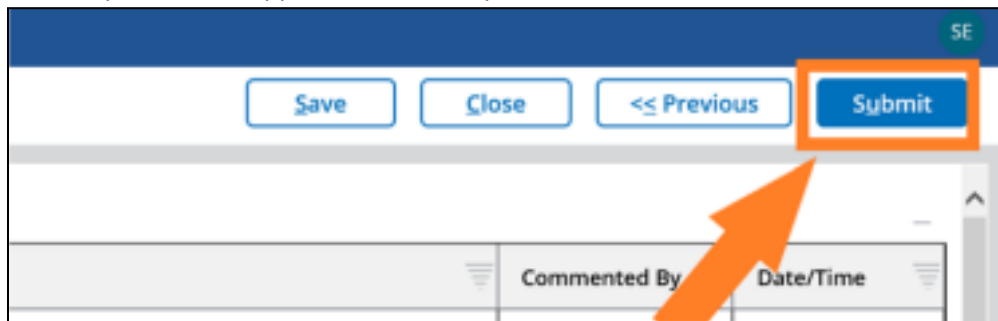


The screenshot shows the Home screen of a system. The left sidebar contains a list of navigation items: Home, Opportunities, Applications, Agreements, Amendments, Claims, Reports, Repayment Requests, Work Item Reassignment, and Work and User Reports. The 'Home' tab is selected. The main content area is titled 'Home' and contains a 'News and Notes' section with 'No items'. Below this is the 'Actionable Items' section, which has a 'Category' dropdown menu. A table of actionable items is displayed below the dropdown. The table has four columns: Case ID, Transaction, FAIN/ID, and Status. The third row of the table is highlighted, showing 'APP-' in the Case ID column, 'Application' in the Transaction column, and 'Draft' in the Status column.

Case ID	Transaction	FAIN/ID	Status
RPT-	Performance Report		Not started
RPT-	Performance Report		Not started
APP-	Application		Draft

## Submit Application to ORA for Review and Submission

Once all parts of the application are complete, the Submit button on the last form will be active.



The screenshot shows the bottom of a form with four buttons: 'Save', 'Close', '<< Previous', and 'Submit'. The 'Submit' button is highlighted with an orange box, and an orange arrow points to it from below. Below the buttons is a table with two columns: 'Commented By' and 'Date/Time'.

Commented By	Date/Time
--------------	-----------

Once your proposal is submitted, you may no longer edit it. If you need to make a change to the proposal, contact your CA in ORA so that the proposal may be returned to you.

Generating the Package

Save

Withdraw

Generate Package

Close

Next >>

Check all documents to be included as part of the Application PDF. Please note that the system generated Application package will only include PDF attachments that have been uploaded. The list below only displays documents attached in PDF format for selection.

☐ Select All

File Name

☒

SF 424 (System Generated)

☒

SF 424A (System Generated)

☒

Application Partners (System Generated)

☒

Application Additional Details (System Generated)

☒

Application Attachments List (System Generated)

Create Package

Documents

h, select appropriate

al Entity Identifier:

Application when it was returned

The application can be returned by the Signatory Official if your contract administrator has any issue with the application. You can find this application under the Actionable Items list on the Home screen. Select the Transaction ID to open your application to make an edit.

Home

Opportunities

Applications >

Agreements

Amendments

Claims >

Reports

Repayment Requests >

Work Item Reassignment

Work and User Reports

Home

News and Notes

No items

Actionable Items

Category

Case ID	Transaction	FAIN/ID	Status
RPT-_____	Performance Report		Not started
RPT-_____	Performance Report		Not started
APP-_____	Application		Draft