

SF 424 Instructions

The SF 424 must be signed and free of white-out or pen and ink changes. If it contains any such changes, a revised and signed original copy must be resubmitted free of such changes.

Electronic SF 424: The recommended SF 424 replica is available for download at: <http://nvti.cudenver.edu/Implementation/Default.htm>. Only the Blocks listed below need to be completed. The form will be completed in accordance with the form's instructions and the following additional guidance:

Block 1: Check "Non-Construction"

Block 2: Enter a date of "6-20-2005" or earlier

Block 5: Enter the complete address for the State Workforce Agency, including the county, organizational unit, name and phone number for the point of contact

Block 6: Enter the IRS Number or Employer Identification Number

Block 7: Enter "A" for all States or "N" and specify District of Columbia, Puerto Rico or Virgin Islands

Block 8: Check "Revision;" Indicate "A" (Increase Award) and "C" (Increase Duration) in the boxes

Block 9: Enter U.S. Department of Labor/VETS

Block 10: Enter "17-801 (DVOP)"
"17-804 (LVER)"
Title: Jobs for Veterans State Grants

Block 11: Enter "Jobs for Veterans State Grants"

Block 12: Enter "Statewide," "DC," "PR," or "VI" as applicable

Block 13: Enter "10/1/2005" for Start Date and "9-30-2005" for Ending Date

Block 14a: Enter the Congressional District

Block 14b: Enter "Statewide," "DC," "PR," or "VI" as applicable

Block 15a: Enter the total amount of funds requested for DVOP and LVER, not to exceed the appropriate allocation (with or without incentives) listed in Enclosure A.

Block 15e: Enter the total amount of funds requested for TAP and approved Special Initiatives

Block 15g: Enter the sum of lines 15a. and 15e.

Block 16a: Enter the date the application was reviewed under the E.O. 12372 process *if reviewed*

Block 16b: For States in which no Single Point of Contact exists, or not yet selected for review, check the box:
"OR, PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW"

Block 17: Check the appropriate box. If a delinquency is indicated, an explanation must be attached.

Block 18: Complete sections a - e with the information on the Signatory Authority listed in the Transmittal Memorandum (Date Signed must be 7-1-2005 or earlier)