

# Getting Through the Front Door: SAM.gov, Federal Forms & Your First Application

July 16, 2026



## Your Team

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# Agenda

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- Registering with SAM.gov and Getting Organized
- Navigating SF-424 forms
- Tips for avoiding common first-time mistakes
- Key upcoming federal deadlines & proposed legislation



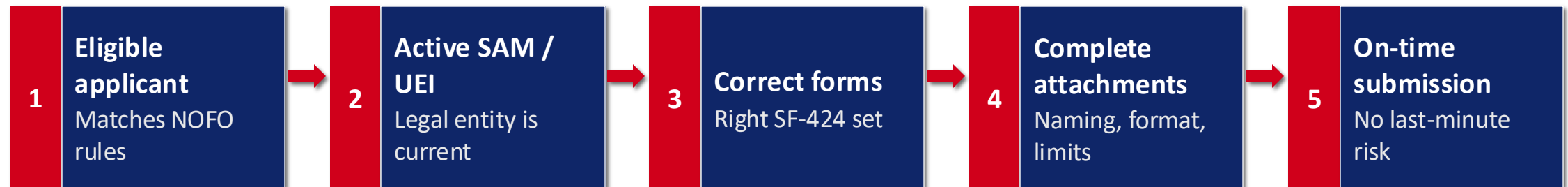
# Walking Through the Front Door

Getting Ready to Submit Your Grant Application

# Why the Front Door Trips Up First-Time Applicants

- Most rejected first-time applications never even reach review! They're disqualified on administrative technicalities such as:
  - Lapsed SAM registration
  - Wrong form set
  - Missed deadline

*Before anyone scores the project, the package must clear the federal “front door.”*



# Readiness Questions

1

## **Are we eligible under the NOFO?**

Confirm applicant type, geography, project type, match, and any excluded activities.

2

## **Is SAM.gov active for the right entity?**

Verify the UEI, legal name, banking details, and expiration date early.

3

## **Do the forms match the project and budget?**

Use the correct SF-424 family and make sure budget totals reconcile.

4

## **Can we submit 48 hours before deadline?**

Build in time to fix workspace errors, upload issues, or validation warnings.



*Use these checks before drafting deeply. Any “no” answer is a stop sign. Fix it before polishing the narrative and pressing submit.*



# Registering with SAM.gov

The Front Door To Any Federal Grant — Get It Right First

# SAM.gov 101: What It Is & Why It Matters

- The System for Award Management is the federal government's official entity database
- Active SAM registration is a submission prerequisite for any district applying for federal grants.
  - UEI (Unique Entity Identifier) — 12-character code assigned during registration, replaced DUNS in April 2022
  - Free directly at SAM.gov — ignore third-party services that charge fees

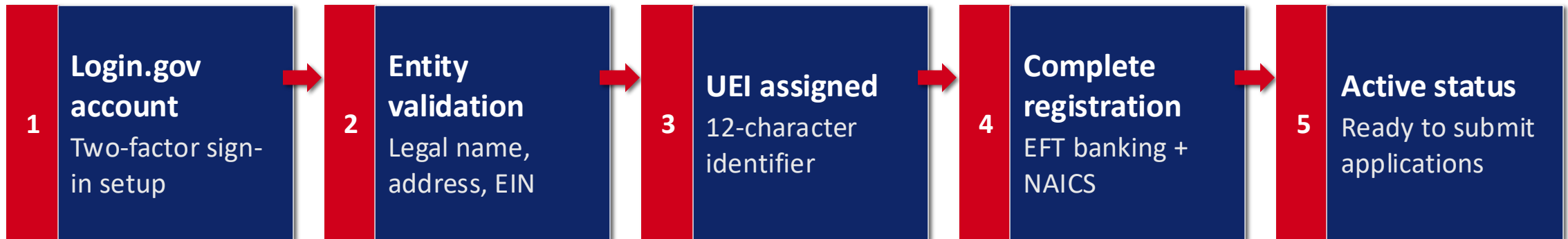




# Step-by-Step Registration

Five stages from Login.gov account to Active status

- Expect 10–15 business days
- Start registration weeks before your first deadline, not the week of!



# Timeline & Pitfalls That Cause Delays

1

## Legal name mismatch

Entity name in SAM must match IRS exactly, including punctuation, abbreviations (LLC vs L.L.C.), and spacing.

2

## Address formatting

Suite/unit designations, road abbreviations, and zip code format must match the IRS or state record on file.

3

## EIN / TIN mismatch

The taxpayer ID entered in SAM must match IRS records. Validate against your original CP 575 letter, not memory.

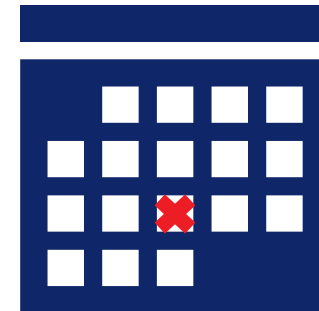
4

## Duplicate UEI request

Submit once and wait. Resubmitting because you think the first attempt failed creates duplicates that delay everything.

# Staying Active: Annual Renewal

- **Renewal required every 365 days.** An expired registration blocks award and payment immediately
- Build in reminders and update SAM within 30 days when any of these changes:
  - Calendar a renewal reminder 60 days before expiration
  - Legal name, address, EIN, banking, or authorized rep
  - Entity administrator turnover — requires notarized letter

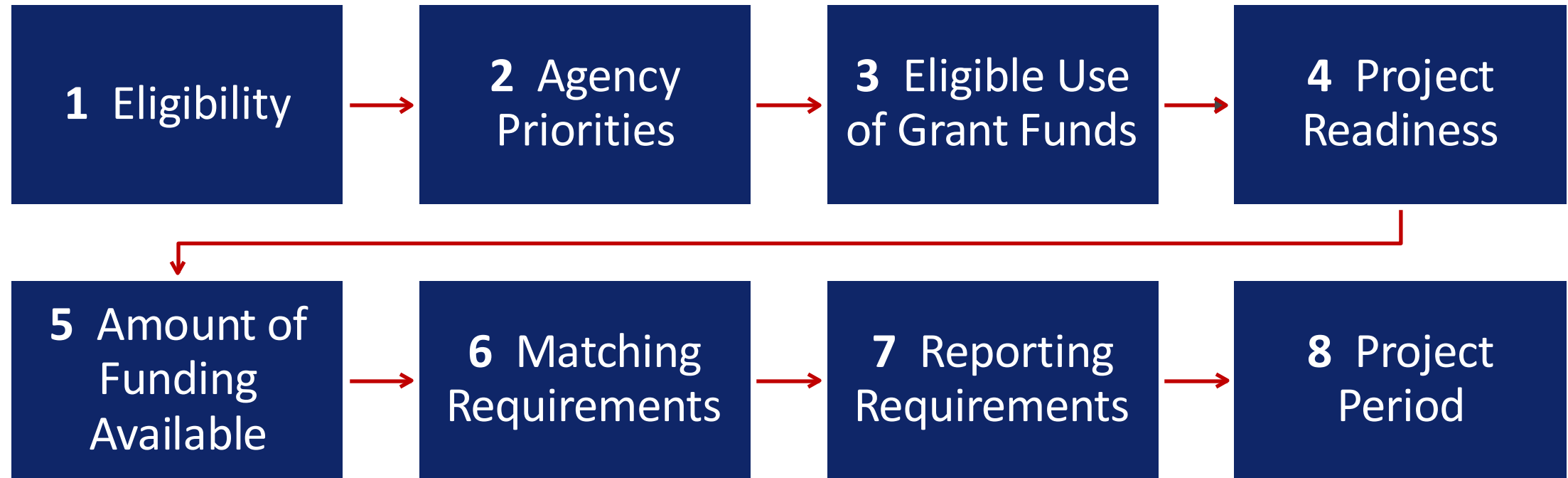


# Get Organized

Read, Re-read, And Read The NOFO Again!



# Dissect the Grant Solicitation



# Organize Your Application

- Create a skeleton outline
- Continue to cross-reference the NOFO for section specific directions
- Set up Grants.gov workspace
- Outline roles, responsibilities, and assignments



*Look for specific page lengths, word counts, and font requirements.*

# Common Narrative Elements



**1** Executive  
Summary



**2** Need or Problem  
Statement



**3** Project  
Description



**4** Project  
Timeline



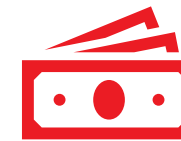
**5** Goals, Objectives,  
Outputs, and Outcomes



**6** Organizational  
Capacity and  
Background



**7** Project  
Sustainability



**8** Budget

# Common Federal Forms

Administrative Work that Enables Successful Applications



# Common Federal Forms

- SF424 (Application for Federal Assistance)
- SF424A (Non-Construction Budget)
- SF242B (Non-Construction Assurances)
- SF424C (Construction Budget)
- SF424 D (Construction Assurances)
- SFLLL (Disclosure of Lobbying activities)


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[Support](#)

GRANTS.GOV > Applicants > Manage Workspace

MANAGE WORKSPACE

Created

Fill Out Forms

Complete and Notify AOR

Submit

Agency Received

«Back ?


R25AS00279 - PKG00292059  
Small-Scale Water Efficiency Projects  
Department of the Interior  
Bureau of Reclamation

Application Filing Name:   
Workspace ID:   
AOR Status: Workspace has AOR  
Workspace Owner:

Workspace Status: In Progress  
Last Submitted Date: ---  
SAM Expiration Date: Jan 08, 2027

Opening Date: Mar 05, 2026  
Closing Date: Jun 02, 2026  
UEI:

FORMS

VIEW APPLICATION

ATTACHMENTS

PARTICIPANTS

ACTIVITY

DETAILS

Workspace Actions:

Check Application

Complete and Notify AOR

Delete

Application Package Forms - Users are encouraged to follow [antivirus best practices](#) when Downloading Instructions and Forms:

Download Instructions » ?

| Include in Package                  | Form Name (Click to Edit)                                                         | Requirement | Form Status          | Last Updated Date/Time | Locked By      | Actions                                                                                                    |
|-------------------------------------|-----------------------------------------------------------------------------------|-------------|----------------------|------------------------|----------------|------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <a href="#">Application for Federal Assistance (SF-424) [V4.0]</a>                | Mandatory   | In Progress [Locked] | ---                    | Kristen H Long | <a href="#">Unlock</a>   <a href="#">Download</a>   <a href="#">Upload</a>   <a href="#">Reuse Webform</a> |
| <input checked="" type="checkbox"/> | <a href="#">Budget Information for Non-Construction Programs (SF-424A) [V1.0]</a> | Mandatory   | ---                  | ---                    | ---            | <a href="#">Lock</a>   <a href="#">Download</a>   <a href="#">Upload</a>   <a href="#">Reuse Webform</a>   |
| <input checked="" type="checkbox"/> | <a href="#">Assurances for Non-Construction Programs (SF-424B)</a>                | Mandatory   | ---                  | ---                    | ---            | <a href="#">Lock</a>   <a href="#">Download</a>   <a href="#">Upload</a>   <a href="#">Reuse Webform</a>   |



# SF424 – Application for Federal Assistance

- Standard form required for use as a cover sheet for submission of pre-applications and applications and related information under discretionary programs.
- Requests basic information about the applicant and project specific information.

View Burden Statement

OMB Number: 4040-0020  
Expiration Date: 01/31/2023

**APPLICATION FOR FEDERAL ASSISTANCE SF-424 - MANDATORY**

|                                                                                                                                                                                                                                               |                                                                                                                                                                                          |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1.a. Type of Submission:</b><br><input checked="" type="checkbox"/> Application<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Funding Request<br><input type="checkbox"/> Other<br>Other (specify):<br><input type="text"/> | <b>1.b. Frequency:</b><br><input checked="" type="checkbox"/> Annual<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> Other<br>Other (specify):<br><input type="text"/> | <b>1.d. Version:</b><br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Resubmission <input type="checkbox"/> Revision <input type="checkbox"/> Update |
| <b>2. Date Received:</b><br><input type="text"/>                                                                                                                                                                                              |                                                                                                                                                                                          | <b>STATE USE ONLY:</b>                                                                                                                                                      |
| <b>3. Applicant Identifier:</b><br><input type="text"/>                                                                                                                                                                                       |                                                                                                                                                                                          | <b>5. Date Received by State:</b><br><input type="text"/>                                                                                                                   |
| <b>4a. Federal Entity Identifier:</b><br><input type="text"/>                                                                                                                                                                                 |                                                                                                                                                                                          | <b>6. State Application Identifier:</b><br><input type="text"/>                                                                                                             |
| <b>4b. Federal Award Identifier:</b><br><input type="text"/>                                                                                                                                                                                  |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>1.c. Consolidated Application/Plan/Funding Request?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <input type="text" value="Explanation"/>                                                                    |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>7. APPLICANT INFORMATION:</b>                                                                                                                                                                                                              |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>a. Legal Name:</b><br><input type="text"/>                                                                                                                                                                                                 |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b><br><input type="text"/>                                                                                                                                                          |                                                                                                                                                                                          | <b>c. UEI:</b><br><input type="text"/>                                                                                                                                      |
| <b>d. Address:</b>                                                                                                                                                                                                                            |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>Street1:</b><br><input type="text"/>                                                                                                                                                                                                       |                                                                                                                                                                                          | <b>Street2:</b><br><input type="text"/>                                                                                                                                     |
| <b>City:</b><br><input type="text"/>                                                                                                                                                                                                          |                                                                                                                                                                                          | <b>County / Parish:</b><br><input type="text"/>                                                                                                                             |
| <b>State:</b><br><input type="text"/>                                                                                                                                                                                                         |                                                                                                                                                                                          | <b>Province:</b><br><input type="text"/>                                                                                                                                    |
| <b>Country:</b><br>USA: UNITED STATES <input type="text"/>                                                                                                                                                                                    |                                                                                                                                                                                          | <b>Zip / Postal Code:</b><br><input type="text"/>                                                                                                                           |
| <b>e. Organizational Unit:</b>                                                                                                                                                                                                                |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>Department Name:</b><br><input type="text"/>                                                                                                                                                                                               |                                                                                                                                                                                          | <b>Division Name:</b><br><input type="text"/>                                                                                                                               |
| <b>f. Name and contact information of person to be contacted on matters involving this submission:</b>                                                                                                                                        |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>Prefix:</b><br><input type="text"/>                                                                                                                                                                                                        | <b>First Name:</b><br><input type="text"/>                                                                                                                                               | <b>Middle Name:</b><br><input type="text"/>                                                                                                                                 |
| <b>Last Name:</b><br><input type="text"/>                                                                                                                                                                                                     |                                                                                                                                                                                          | <b>Suffix:</b><br><input type="text"/>                                                                                                                                      |
| <b>Title:</b><br><input type="text"/>                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>Organizational Affiliation:</b><br><input type="text"/>                                                                                                                                                                                    |                                                                                                                                                                                          |                                                                                                                                                                             |
| <b>Telephone Number:</b><br><input type="text"/>                                                                                                                                                                                              |                                                                                                                                                                                          | <b>Fax Number:</b><br><input type="text"/>                                                                                                                                  |
| <b>Email:</b><br><input type="text"/>                                                                                                                                                                                                         |                                                                                                                                                                                          |                                                                                                                                                                             |

# Budget Form

## Budget – SF424A Non-Construction

| 6. Object Class Categories             | GRANT PROGRAM, FUNCTION OR ACTIVITY |     |     |     | Total<br>(5) |
|----------------------------------------|-------------------------------------|-----|-----|-----|--------------|
|                                        | (1)                                 | (2) | (3) | (4) |              |
|                                        |                                     |     |     |     |              |
| a. Personnel                           | \$                                  |     |     |     |              |
| b. Fringe Benefits                     |                                     |     |     |     |              |
| c. Travel                              |                                     |     |     |     |              |
| d. Equipment                           |                                     |     |     |     |              |
| e. Supplies                            |                                     |     |     |     |              |
| f. Contractual                         |                                     |     |     |     |              |
| g. Construction                        |                                     |     |     |     |              |
| h. Other                               |                                     |     |     |     |              |
| i. Total Direct Charges (sum of 6a-6h) |                                     |     |     |     |              |
| j. Indirect Charges                    |                                     |     |     |     |              |
| k. TOTALS (sum of 6i and 6j)           | \$                                  |     |     |     |              |
| 7. Program Income                      | \$                                  |     |     |     |              |

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Standard Form 424A (Rev. 7- 97)  
Prescribed by OMB (Circular A -102) Page 1A

## Budget – SF424C Construction

View Burden Statement

OMB Number: 4040-0008  
Expiration Date: 02/28/2025

| BUDGET INFORMATION - Construction Programs                                                                                                                                                              |               |                                          |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------|----------------------------------------|
| NOTE: Certain Federal assistance programs require additional computations to arrive at the Federal share of project costs eligible for participation. If such is the case, you will be notified.        |               |                                          |                                        |
| COST CLASSIFICATION                                                                                                                                                                                     | a. Total Cost | b. Costs Not Allowable for Participation | c. Total Allowable Costs (Columns a-b) |
| 1. Administrative and legal expenses                                                                                                                                                                    | \$            |                                          |                                        |
| 2. Land, structures, rights-of-way, appraisals, etc.                                                                                                                                                    | \$            |                                          |                                        |
| 3. Relocation expenses and payments                                                                                                                                                                     | \$            |                                          |                                        |
| 4. Architectural and engineering fees                                                                                                                                                                   | \$            |                                          |                                        |
| 5. Other architectural and engineering fees                                                                                                                                                             | \$            |                                          |                                        |
| 6. Project inspection fees                                                                                                                                                                              | \$            |                                          |                                        |
| 7. Site work                                                                                                                                                                                            | \$            |                                          |                                        |
| 8. Demolition and removal                                                                                                                                                                               | \$            |                                          |                                        |
| 9. Construction                                                                                                                                                                                         | \$            |                                          |                                        |
| 10. Equipment                                                                                                                                                                                           | \$            |                                          |                                        |
| 11. Miscellaneous                                                                                                                                                                                       | \$            |                                          |                                        |
| 12. SUBTOTAL (sum of lines 1-11)                                                                                                                                                                        | \$            |                                          |                                        |
| 13. Contingencies                                                                                                                                                                                       | \$            |                                          |                                        |
| 14. SUBTOTAL                                                                                                                                                                                            | \$            |                                          |                                        |
| 15. Project (program) income                                                                                                                                                                            | \$            |                                          |                                        |
| 16. TOTAL PROJECT COSTS (subtract #15 from #14)                                                                                                                                                         | \$            |                                          |                                        |
| FEDERAL FUNDING                                                                                                                                                                                         |               |                                          |                                        |
| 17. Federal assistance requested, calculate as follows:<br>(Consult Federal agency for Federal percentage share.) Enter eligible costs from line 16c Multiply X %<br>Enter the resulting Federal share. |               |                                          | \$                                     |

# Assurances

- SF424 D – Construction Assurances
- SF424 B – Non-Construction Assurances
- Affirms compliance with:
  - Federal statues pertaining to nondiscrimination
  - Hatch Act
  - Davis Bacon
  - National Environmental Policy Act
  - Audits and Ethics

[View Burden Statement](#)

## ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009  
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29) U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.



# SFLLL – Disclosure of Lobbying Activities

- Used by applicants to disclose lobbying activities that have been secured to influence the outcome of a Federal action.
- Intended to prevent the use of federal funds for lobbying, and to monitor the lobbying expenditures of federal funds recipients.

| DISCLOSURE OF LOBBYING ACTIVITIES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                              |                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                              | OMB Number: 4040-0013<br>Expiration Date: 02/28/2025                                                                             |
| <b>Review Public Burden Disclosure Statement</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                              |                                                                                                                                  |
| <b>1. * Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input checked="" type="checkbox"/> b. grant<br><input type="checkbox"/> c. cooperative agreement<br><input type="checkbox"/> d. loan<br><input type="checkbox"/> e. loan guarantee<br><input type="checkbox"/> f. loan insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>2. * Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input checked="" type="checkbox"/> b. initial award<br><input type="checkbox"/> c. post-award | <b>3. * Report Type:</b><br><input checked="" type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee<br>* Name: [Redacted]<br>* Street 1: [Redacted] Street 2: [Redacted]<br>* City: [Redacted] State: [Redacted] Zip: [Redacted]<br>Congressional District, if known: [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                              |                                                                                                                                  |
| <b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b><br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                              |                                                                                                                                  |
| <b>6. * Federal Department/Agency:</b><br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>7. * Federal Program Name/Description:</b><br>[Redacted]<br>CFDA Number, if applicable: [Redacted]                                                                                        |                                                                                                                                  |
| <b>8. Federal Action Number, if known:</b><br>[Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>9. Award Amount, if known:</b><br>\$ [Redacted]                                                                                                                                           |                                                                                                                                  |
| <b>10. a. Name and Address of Lobbying Registrant:</b><br>Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]<br>* Last Name: [Redacted] Suffix: [Redacted]<br>* Street 1: [Redacted] Street 2: [Redacted]<br>* City: [Redacted] State: [Redacted] Zip: [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                  |
| <b>b. Individual Performing Services</b> (including address if different from No. 10a)<br>Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]<br>* Last Name: [Redacted] Suffix: [Redacted]<br>* Street 1: [Redacted] Street 2: [Redacted]<br>* City: [Redacted] State: [Redacted] Zip: [Redacted]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                              |                                                                                                                                  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.<br><b>* Signature:</b> [Redacted]<br><b>* Name:</b> Prefix: [Redacted] * First Name: [Redacted] Middle Name: [Redacted]<br>* Last Name: [Redacted] Suffix: [Redacted]<br><b>Title:</b> [Redacted] <b>Telephone No.:</b> [Redacted] <b>Date:</b> [Redacted] |                                                                                                                                                                                              |                                                                                                                                  |
| <b>Federal Use Only:</b> [Redacted] <small>Authorized for Local Reproduction<br/>Standard Form - LLL (Rev. 7-87)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                              |                                                                                                                                  |

# Top First-Time Federal Form Mistakes

- SF-424 name ≠ SAM name
- Budget totals don't align
- AOR signature wrong
- Uncovered assurances
- SF-LLL threshold
- Davis-Bacon surprise





# Federal Deadlines You Can't Miss

Miss The Clock, Miss The Money — Plan To Pursue Grants Strategically



# Upcoming Federal Deadlines

## Open Now:

- DHS - Building Resilient Infrastructure and Communities (BRIC) Program *due July 23, 2026*
- DOI – WaterSMART Drought Response Program *due July 28, 2026*
- DOI – WaterSMART Enhancing Water Resources Projects *due September 9, 2026; September 8, 2027*
- HHS - Small Health Care Provider Quality Improvement Program *due August 6, 2026*

## Anticipated Fall 2026:

- DOI – WaterSMART Water and Energy Efficiency Grants (WEEG)
- DOI – WaterSMART Planning and Project Design Grants
- DOT – Better Utilizing Investments to Leverage Development (BUILD) Grant
- DOT – Rural and Tribal Assistance Pilot Program
- IMLS – Museums for America, Museums Empowered, 21st Century Museum Professionals, Inspire! Grants for Small Museums

# OMB Proposed Rule Impact

## What's Proposed

- OMB proposed rule Regulation for Federal Financial Assistance (91 FR 32198), published May 29, 2026, would overhaul the government-wide grant rules in 2 CFR Part 200.
- Applies to nearly all federal assistance districts use: transportation, water, housing, energy, and public safety.

***Not yet final:*** Public comments were due July 13, 2026; targeted effective date October 1, 2026.

## Key Potential Changes for Special Districts

- **Policy alignment & advocacy limits (§200.202/.450):** funded work must match administration priorities; new political pre-award review; some dues/subscriptions unallowable.
- **Expanded cancellation authority (§200.340):** agencies may end discretionary awards that no longer advance federal priorities, with limited appeal.
- **Reputation-harm standard (§200.322):** pass-throughs must monitor subrecipients or risk termination.
- **Faster condition changes (§200.208):** conditions added or removed within 15 days of a risk finding.
- **Fixed-amount awards eliminated (§200.201/.333);** vendor cost-reimbursement contracts discouraged (§200.320).
- **Domestic record storage encouraged (§200.336);** foreign-entity funding banned (§200.220).



# NSDA Grant Services and Announcements



# Upcoming 2026 Lunch & Learn Webinar



- ***September 9, 2026*** - Making the Case and Managing the Grant: From Board Buy-In to Post-Award

## How to Access NSDA Grant Services

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1

### **Submit your funding needs to the NSDA Project Idea Portal**

- Easy to use online tool to provide information on specific project needs or general funding inquiries

2

### **Book time during NSDA Grant Office Hours**

- TFG reviews and connects with your district through a personal consultation

3

### **Sign up for the upcoming NSDA Grants Lunch & Learn Webinar**

- Registration found on the NSDA Events Calendar and email notification from NSDA/State Associations

# Thank you!

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Contact us at  
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