

USDA ezFedGrants

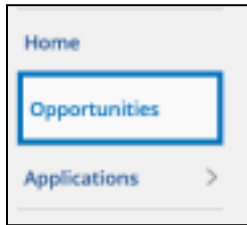
<https://www.eauth.usda.gov/eauth/b/usda/login>

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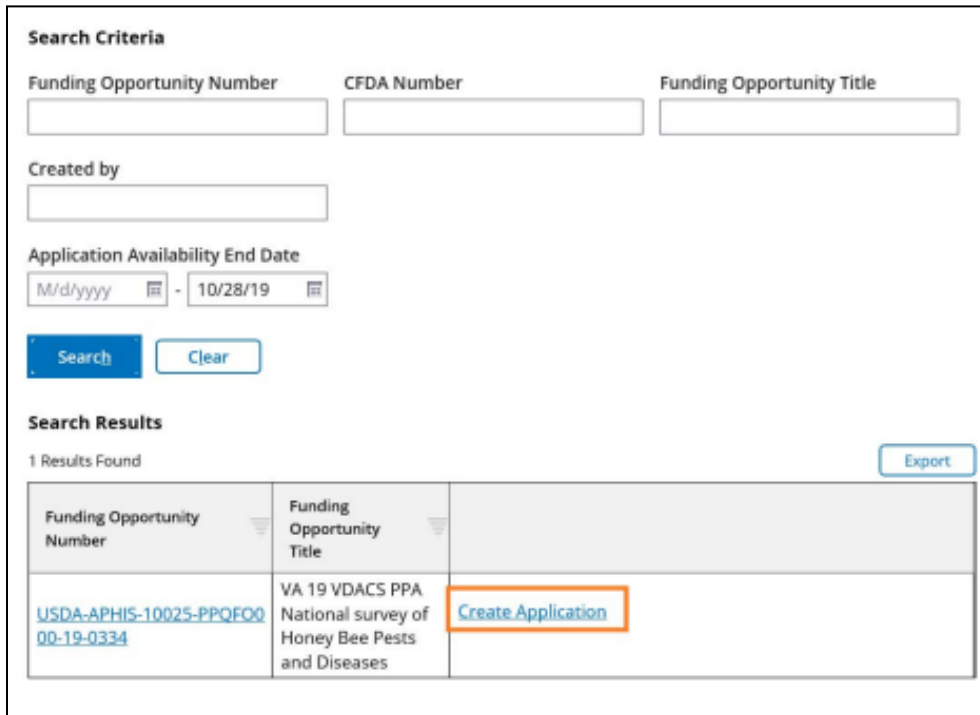
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Create a Proposal

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, there is a 'Search Criteria' section with three input fields: 'Funding Opportunity Number', 'CFDA Number', and 'Funding Opportunity Title'. Below these are 'Created by' and 'Application Availability End Date' (with a date picker set to 10/28/19). There are 'Search' and 'Clear' buttons. Below the search criteria is a 'Search Results' section showing '1 Results Found' and an 'Export' button. A table contains one result with columns for 'Funding Opportunity Number', 'Funding Opportunity Title', and an action link 'Create Application'.

Funding Opportunity Number	Funding Opportunity Title	
USDA-APHIS-10025-PPQFO00-19-0334	VA 19 VDACS PPA National survey of Honey Bee Pests and Diseases	Create Application

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, phone: 301-405-6269.

SF-424

Application Details		
* 1. Type of Submission: <input type="radio"/> Preapplication <input type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	If Revision, select appropriate letter(s): Select ...
3. Date Received: N/A	4. Applicant Identifier: <input type="text"/>	5a. Federal Entity Identifier: <input type="text"/>
5b. Federal Award Identifier: 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	
6. Date Received by State: N/A	7. State Application Identifier: N/A

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

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

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

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

Questions 14 - 18

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"/>	\$0.00 
<input type="text"/>	<input type="text"/>	N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$0.00 
<input type="text"/>	<input type="text"/>	N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$0.00 
<input type="text"/>	<input type="text"/>	N/A	N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$0.00 
Totals		---	---	\$0.00	\$0.00	\$0.00

(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				(5) Total
	(1)	(2)	(3)	(4)	
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	---	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
14. Non-Federal	---	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
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	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		
17. N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		
18. N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		
19. N/A	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>		
20. Total (sum of lines 16-19)	---	---	---	---	---	

Section F - Other Budget Information		-
21. Direct Charges	<input type="text"/>	22. Indirect Charges
		<input type="text"/>
23. Remarks		
<input type="text"/>		

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.

* Primary Administrative Contact	<input type="text" value="PI name"/>	<input type="button" value="Clear"/>
Secondary Administrative Contact	<input type="text" value="Wendy Montgomery"/>	<input type="button" value="Clear"/>
* Primary Program Contact	<input type="text" value="Sally Egloff"/>	<input type="button" value="Clear"/>
Secondary Program Contact	<input type="text"/>	<input type="button" value="Clear"/>
Primary Authorized Representative	<input type="text"/>	<input type="button" value="Clear"/>
Secondary Authorized Representative	<input type="text"/>	<input type="button" value="Clear"/>
Primary Signatory Official	<input type="text"/>	<input type="button" value="Clear"/>
Secondary Signatory Official	<input type="text"/>	<input type="button" value="Clear"/>

The Primary Administrative Contact is the UM Principal Investigator.

The Secondary Administrative Contact is Wendy Montgomery (ora@umd.edu)

The Primary Program Contact is Sally Egloff (oraera@umd.edu)

Leave the Signatory Official blank.

All other fields on this form should remain blank.

Additional Details

Reporting Details			
* Recipient Type	* Minority Business Enterprise (MBE) Indicator	* Minority Serving Institution (MSI)	
H = Public/State Controlled Institu	N/A	N/A	
<hr/>			
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			
* 2 CFR § 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 the application. The sidebar on the left has 'Home' selected. The main content area has 'Actionable Items' highlighted. Below it is a table with the following data:

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. Below the buttons is a table with columns 'Commented By' and '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.

<input type="checkbox"/> Select All	File Name
<input checked="" type="checkbox"/>	SF 424 (System Generated)
<input checked="" type="checkbox"/>	SF 424A (System Generated)
<input checked="" type="checkbox"/>	Application Partners (System Generated)
<input checked="" type="checkbox"/>	Application Additional Details (System Generated)
<input checked="" type="checkbox"/>	Application Attachments List (System Generated)

[Create Package](#)

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

Home

Opportunities

Applications >

Agreements

Amendments

Claims >

Reports

Repayment Requests >

Work Item Reassignment

Work and User Reports

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