

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	SF-429 Real Property Status Report (Cover Page)
Form Version Number	2.0
OMB Number	4040-0016
OMB Expiration Date	02/28/2025

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(s) or Other Identifying Number(s) Assigned by Federal Agency(ies):	Required	Enter the related Federal grant, cooperative agreement or other Federal financial assistance award instrument number(s), or other identifying number(s) assigned to the Federal financial assistance award. This field is required.
3.	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.
	City:	Required	Enter the City. This field is required.
	County:	Optional	Enter the County.
	State:	Conditionally Required	Select the state, US possession or military code from the provided list. Required if Country is US.
	Province:	Optional	Enter the Province.
	Country:	Required	Select the Country from the provided list. This field is required.
ZIP / Postal Code:	Conditionally Required	Enter the Postal Code (e.g., ZIP code). Required if Country is US.	

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4-a.	UEI:	Required	Enter the recipient organization's Unique Entity Identifier (UEI). This field is required.
4-b.	EIN:	Required	Enter the recipient organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service. This field is required.
5.	Recipient Account or Identifying Number:	Required	Enter the account number or any other identifying number assigned by the recipient to the award. This field is required.
6.	Contact Person for this Report:	Required	Provide the information for Contact Person for this Report.
	Prefix:	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
	First Name:	Required	Enter the First Name. This field is required.
	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.
	Email:	Required	Enter a valid Email Address. This field is required.
	Phone:	Required	Enter the Phone Number. This field is required.
	Fax:	Optional	Enter the Fax Number.
7.	Report End Date: (MM/DD/YYYY)	Optional	Enter the end date of the period for which the report is submitted as mm/dd/yyyy. This block only applies when completing Attachment A.
8.	Real Property Status Report – Attachments: [check the applicable block(s)]:	Optional	Provide the information.
	: Attachment A (General Reporting) attached	Optional	Check to select.
	: Attachment B (Request to Acquire, Improve or Furnish) attached	Optional	Check to select.

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	: Attachment C (Disposition Request) attached	Optional	Check to select.
9.	Comments:	Optional	Provide any special notes or comments regarding the real property being reported or the report itself.
10.	Certification: I certify to the best of my knowledge and belief that all information presented in this report is true, correct, and complete and constitutes a material representation of fact upon which the Federal government may rely.	N/A	N/A
11a.	Typed or Printed Name and Title of Authorized Certifying Official:	N/A	N/A
	Prefix:	Optional	Select the Prefix from the provided list or enter a new Prefix not provided on the list.
	First Name:	Required	Enter the First Name. This field is required.
	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.

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11b.	Signature of Authorized Certifying Official:	Required	The authorized certifying official must sign here certifying to the facts presented in the report. This field is required.
11c.	Telephone (area code, number, extension):	Required	Enter the telephone number (including area code and extension) of the individual listed in section 11a. This field is required.
11d.	Email Address:	Required	Enter a valid Email Address. This field is required.
11e.	Date Report Submitted (MM/DD/YYYY):	Required	Enter the date the report is submitted to the Federal agency as mm/dd/yyyy. This field is required.
12.	For Agency User Only	N/A	This section is reserved for Federal agency use only