

U.S. DEPARTMENT OF EDUCATION  
SUPPLEMENTAL INFORMATION  
FOR THE SF-424

OMB Number: 1894-0007  
Expiration Date: 07/31/2014

**1. Project Director:**

Prefix:	First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

Street1:	<input type="text"/>
Street2:	<input type="text"/>
City:	<input type="text"/>
County:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Country:	<input type="text"/>

Phone Number (give area code)	Fax Number (give area code)
<input type="text"/>	<input type="text"/>

Email Address:

**2. Novice Applicant:**

Are you a novice applicant as defined in the regulations in 34 CFR 75.225 (and included in the definitions page in the attached instructions)?

☐ Yes ☐ No ☐ Not applicable to this program

**3. Human Subjects Research:**

a. Are any research activities involving human subjects planned at any time during the proposed project Period?

☐ Yes ☐ No

b. Are ALL the research activities proposed designated to be exempt from the regulations?

☐ Yes Provide Exemption(s) #:

☐ No Provide Assurance #, if available:

c. If applicable, please attach your "Exempt Research" or "Nonexempt Research" narrative to this form as indicated in the definitions page in the attached instructions.