## **Federal Agency Form Instructions**

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Research & Related Personal Data
Form Version Number	1.2
OMB Number	4040-0001
OMB Expiration Date	11/30/2025

## **Form Field Instructions**

Field Name	Required or Optional	Information
Prefix:	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of the PD/PI. Pre-populated from SF 424 R&R if using Grants.gov.
First Name:	Required	Enter the first (given) name of the PD/PI. This field is required. Pre-populated from SF 424 R&R if using Grants.gov
Middle Name:	Optional	Enter the middle name of the PD/PI. Pre-populated from SF 424 R&R if using Grants.gov.
Last Name:	Required	Enter the last (family) name of the PD/PI. This field is required. Pre-populated from SF-424 R&R if using Grants.gov.
Suffix:	Optional	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the PD/PI. Pre-populated from SF 424 R&R if using Grants.gov.
Gender:	Optional	Select one.
Race (Check all that apply):	Optional	Choose one or more of the checkboxes below.
American Indian or Alaska Native	Optional	American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
Asian	Optional	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam. (Note, individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

OMB Number: 4040-0001

OMB Expiration Date: 11/30/2025

1

Field Name	Required or	Information
	Optional	
Black or African	Optional	Black or African American: A person having origins
American		in any of the black racial groups of Africa.
Native Hawaiian or Other	Optional	Native Hawaiian or Other Pacific Islander: A person
Pacific Islander		having origins in any of the original peoples of
		Hawaii, Guam, Samoa, or other Pacific Islands.
White	Optional	White: A person having origins in any of the
		original peoples of Europe, the Middle East or
		North Africa.
Do Not Wish to Provide	Optional	Select if you do not wish to provide race.
Ethnicity:	Optional	Choose one. Hispanic or Latino: A person of
		Mexican, Puerto Rican, Cuban, South or Central
		American, or other Spanish culture or origin,
		regardless of race. Select if you do not wish to
		provide ethnicity.
Disability (check all that	Optional	Choose one or more of the checkboxes below.
apply)		
Hearing	Optional	Select one or more.
Visual	Optional	Select one or more.
Mobility/Orthopedic	Optional	Select one or more.
Impairment		
Other	Optional	Select one or more.
None	Optional	Select one or more.
Do Not Wish to Provide	Optional	Select one or more.
Citizenship:	Optional	Select one.
Next Person	Optional	Select for next person and provide information
		listed above.

OMB Number: 4040-0001

OMB Expiration Date: 11/30/2025