

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:

Address:

Street1:
Street2:
City:
County:
State:
Zip Code:
Country:

Phone Number (give area code) Fax Number (give area code)

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.