Supplemental Information Form

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. **Funding Opportunity**
   - Funding Opportunity Name
   - Funding Opportunity Number

2. **Program to which you are applying**
   - Program Code Name
   - Program Code

3. **Type of Applicant**

4. **Additional Applicant Types**

5. **Supplemental Applicant Types (Check all that apply)**
   - Alaska Native-Serving Institution
   - Cooperative Extension Service
   - Hispanic-Serving Institution
   - Historically Black College or University (other than 1890)
   - Minority-Serving Institution
   - Native Hawaiian-Serving Institution
   - Public Nonprofit Junior or Community College
   - Public Secondary School
   - School of Forestry
   - State Agricultural Experiment Station
   - Tribal College (other than 1994)
   - Veterinary School or College

6. **ASAP Recipient Information**
   - Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?
     - [ ] Yes
     - [ ] No
   - What is the ASAP Recipient ID (which corresponds with this application’s DUNS and EIN) to be used in the event of an award?

7. **Key Words**

8. **Conflict of Interest List**

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[Buttons: Add Attachment, Delete Attachment, View Attachment]