

Standard Forms and Instructions

- Application for Federal Assistance SF-424
- Department of Education Supplemental Form for the SF-424
- Assurance Non-Construction Programs - Standard Form 424B
- Disclosure of Lobbying Activities (Standard Form LLL)
- U.S. Department of Education Budget Information Non-Construction Programs ED 524

Application for Federal Assistance SF-424		Version 02
*1. Type of Submission: <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
*2. Type of Application * If Revision, select appropriate letter(s) <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision *Other (Specify) _____		
3. Date Received:		4. Applicant Identifier:
5a. Federal Entity Identifier:		*5b. Federal Award Identifier:
State Use Only:		
6. Date Received by State:		7. State Application Identifier:
8. APPLICANT INFORMATION:		
*a. Legal Name:		
*b. Employer/Taxpayer Identification Number (EIN/TIN):		*c. Organizational DUNS:
d. Address:		
*Street 1: _____ Street 2: _____ *City: _____ County: _____ *State: _____ Province: _____ *Country: _____ *Zip / Postal Code: _____		
e. Organizational Unit:		
Department Name:		Division Name:
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____ *First Name: _____ Middle Name: _____ *Last Name: _____ Suffix: _____		

Title:

Organizational Affiliation:

*Telephone Number:

Fax Number:

*Email:

***9. Type of Applicant 1: Select Applicant Type:**

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*Other (Specify)

***10 Name of Federal Agency:**

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

***12 Funding Opportunity Number:**

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

***15. Descriptive Title of Applicant's Project:**

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16. Congressional Districts Of:

*a. Applicant:

*b. Program/Project:

17. Proposed Project:

*a. Start Date:

*b. End Date:

18. Estimated Funding (\$):

*a. Federal _____
*b. Applicant _____
*c. State _____
*d. Local _____
*e. Other _____
*f. Program Income _____
*g. TOTAL _____

***19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on _____
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E. O. 12372

***20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

- Yes
- No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U. S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions

Authorized Representative:

Prefix: _____ *First Name: _____
Middle Name: _____
*Last Name: _____
Suffix: _____

*Title:

*Telephone Number:

Fax Number:

* Email:	
*Signature of Authorized Representative:	*Date Signed:

INSTRUCTIONS FOR DEPARTMENT OF EDUCATION SUPPLEMENTAL INFORMATION FOR SF 424

1. Project Director. Name, address, telephone and fax numbers, and e-mail address of the person to be contacted on matters involving this application.

2. Novice Applicant. Check “Yes” or “No” only if assistance is being requested under a program that gives special consideration to novice applicants. Otherwise, **leave blank**.

Check “Yes” if you meet the requirements for novice applicants specified in the regulations in 34 CFR 75.225 and included on the attached page entitled “Definitions for Department of Education Supplemental Information for SF 424.” By checking “Yes” the applicant certifies that it meets these novice applicant requirements. Check “No” if you do not meet the requirements for novice applicants.

3. Human Subjects Research. (See I. A. “Definitions” in attached page entitled “Definitions for Department of Education Supplemental Information For SF 424.”)

If Not Human Subjects Research. Check “No” if research activities involving human subjects are not planned at any time during the proposed project period. The remaining parts of Item 3 are then not applicable.

If Human Subjects Research. Check “Yes” if research activities involving human subjects are planned at any time during the proposed project period, either at the applicant organization or at any other performance site or collaborating institution. Check “Yes” even if the research is exempt from the regulations for the protection of human subjects. (See I. B. “Exemptions” in attached page entitled “Definitions for Department of Education Supplemental Information For SF 424.”)

3a. If Human Subjects Research is Exempt from the Human Subjects Regulations. Check “Yes” if all the research activities proposed are designated to be exempt from the regulations. Insert the exemption number(s) corresponding to one or more of the six exemption categories listed in I. B. “Exemptions.” In addition, follow the instructions in II. A. “Exempt Research Narrative” in the attached page entitled “Definitions for Department of Education Supplemental Information For SF 424.”

3a. If Human Subjects Research is Not Exempt from Human Subjects Regulations. Check “No” if some or all of the planned research activities are covered (not exempt). In addition, follow the instructions in II. B. “Nonexempt Research Narrative” in the page entitled “Definitions for Department of Education Supplemental Information For SF 424

3a. Human Subjects Assurance Number. If the applicant has an approved Federal Wide (FWA) on file with the Office for Human Research Protections (OHRP), U.S. Department of Health and Human Services, that covers the specific activity, insert the number in the space provided. If the applicant does not have an approved assurance on file with OHRP, enter “None.” In this case, the applicant, by signature on the SF-424, is declaring that it will comply with 34 CFR 97 and proceed to obtain the human subjects assurance upon request by the designated ED official. If the application is recommended/selected for funding, the designated ED official will request that the applicant obtain the assurance within 30 days after the specific formal request.

Note about Institutional Review Board Approval. ED does not require certification of Institutional Review Board approval with the application. However, if an application that involves non-exempt human subjects research is recommended/selected for funding, the designated ED official will request that the applicant obtain and send the certification to ED within 30 days after the formal request.

Paperwork Burden Statement. *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1890-0017. The time required to complete this information collection is estimated to average between 15 and 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual submission of this form write directly to: Joyce I. Mays, Application Control Center, U.S. Department of Education, Potomac Center Plaza, 550 12th Street, S.W. Room 7076, Washington, D.C. 20202-4260.*

SUPPLEMENTAL INFORMATION
REQUIRED FOR
DEPARTMENT OF EDUCATION

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. Applicant Experience:

Novice Applicant Yes No Not applicable to this program

3. Human Subjects Research:

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

Yes No

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

Yes Provide Exemption(s) #:

No Provide Assurance #, if available:

Please attach an explanation Narrative:

Add Attachment

Delete Attachment

View Attachment