

APPLICATION FOR FEDERAL ASSISTANCE SF 424 – KEY CONTACTS

Applicant Organization Name:

Enter the legal name of the applicant that will undertake the assistance activity. This field is required.

Contact 1 Project Role:

Enter the project role of the contact person (e.g., project manager, fiscal contact). At least one contact person is required.

Prefix:

Select the Prefix from the provided list or enter a new Prefix not provided on the list.

First Name:

Enter the First Name. This field is required.

Middle Name:

Enter the Middle Name.

Last Name:

Enter the Last Name. This field is required.

Suffix:

Select the Suffix from the provided list or enter a new Suffix not provided on the list.

Title:

Enter the position title.

Organizational Affiliation:

Enter the Organizational Affiliation of the person to contact on matters related to this application.

Street1:

Enter the first line of the Street Address. This field is required.

Street2:

Enter the second line of the Street Address.

City:

Enter the City. This field is required.

County / Parish:

Enter the County or Parish.

State:

Select the state, US possession or military code from the provided list. This field is required if Country is the United States.

Province:

Enter the Province.

Country:

Select the Country from the provided list. This field is required.

Zip / Postal Code:

Enter the **nine-digit** Postal Code (e.g., ZIP code). This field is required if Country is the United States.

Telephone Number:

Enter the daytime Telephone Number. This field is required.

Fax:

Enter the Fax Number.

Email:

Enter a valid Email Address. This field is required.

Contact 2 Project Role:

Enter the project role of the contact person (e.g., project manager, fiscal contact). Additional contacts are optional.

Prefix:

Select the Prefix from the provided list or enter a new Prefix not provided on the list.

First Name:

Enter the First Name. This field is required.

Middle Name:

Enter the Middle Name.

Last Name:

Enter the Last Name. This field is required.

Suffix:

Select the Suffix from the provided list or enter a new Suffix not provided on the list.

Title:

Enter the position title.

Organizational Affiliation:

Enter the Organizational Affiliation of the person to contact on matters related to this application.

Street1:

Enter the first line of the Street Address. This field is required.

Street2:

Enter the second line of the Street Address.

City:

Enter the City. This field is required.

County / Parish:

Enter the County or Parish.

State:

Select the state, US possession or military code from the provided list. This field is required if Country is the United States.

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Enter the Province.

Country:

Select the Country from the provided list. This field is required.

Zip / Postal Code:

Enter the nine-digit Postal Code (e.g., ZIP code). This field is required if Country is the United States.

Telephone Number:

Enter the daytime Telephone Number. This field is required.

Fax:

Enter the Fax Number.

Email:

Enter a valid Email Address. This field is required.

