OMB Number: 1894-0007
Expiration Date: 07/31/2014

U.S. DEPARTMENT OF EDUCATION
SUPPLEMENTAL INFORMATION
FOR THE SF-424

1. Project Director:

Prefix: First Name: Middle Name: Last Name: Suffix:

Address:

Street1:
Street2:
City:
County:
State:
Zip Code:
Country: USA: UNITED STATES

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.

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