

## 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.

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**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.