**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:

\* Phone Number (give area code): Fax Number (give area code):

\* Email Address:

**2. Novice Applicant:**

Are you are 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

**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) # (s): ⁪ 1 ⁪ 2 ⁪ 3 ⁪ 4 ⁪ 5 ⁪ 6 7 8

Box to check Yes.

No Provide Assurance #(s), if available:

Box to check no

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.

OMB Number: 1894-0007 Expiration Date: