

# U.S. Department of Education Supplemental Information for the SF-424 Application for Federal Assistance

## 1. Project Director:

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

Project Director Level of Effort (percentage of time devoted to grant):

Address:

\* Street1:

Street2:

\* City:

County:

\* State:  \* Zip Code:  Country:

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

\* Email Address:  Alternate Email Address:

## 2. New Potential Grantee or Novice Applicant:

a. Are you either a new potential grantee or novice applicant as defined in the program competition's notice inviting applications (NIA)?

Yes  No

b. If the program competition NIA is giving competitive preference points for a new potential grantee or novice applicant, how many points are you claiming for your application? (the NIA will indicate how many are available)

## 3. Qualified Opportunity Zones:

If the NIA includes a Qualified Opportunity Zones (QOZ) Priority in which you propose to either provide services in QOZ(s) or are in a QOZ, provide the QOZ census tract number(s) below:

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 4. 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

No      Provide Assurance #(s), 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.