

Supplemental Information Form

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity

Funding Opportunity Name

Funding Opportunity Number

2. Program to which you are applying

Program Code Name

Program Code

3. Type of Applicant

4. Additional Applicant Types

5. Supplemental Applicant Types *(Check all that apply)*

- ☐ Alaska Native-Serving Institution
- ☐ Cooperative Extension Service
- ☐ Hispanic-Serving Institution
- ☐ Historically Black College or University (other than 1890)
- ☐ Minority-Serving Institution
- ☐ Native Hawaiian-Serving Institution
- ☐ Public Nonprofit Junior or Community College
- ☐ Public Secondary School
- ☐ School of Forestry
- ☐ State Agricultural Experiment Station
- ☐ Tribal College (other than 1994)
- ☐ Veterinary School or College

6. ASAP Recipient Information

Does the legal applicant have an active Automated Standard Application for Payments (ASAP) Recipient Identification Number for NIFA awards?

☐ Yes	☐ No
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What is the ASAP Recipient ID (which corresponds with this applications's DUNS and EIN) to be used in the event of an award?

7. Key Words**8. Does the research described in this proposal include dual use research of concern or potentially dangerous gain of function research?**

Yes

No

9. Conflict of Interest List[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

Public reporting for collection of information is estimated to average XX minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIFA, OGFM, 2312 East Bannister Road, Mail Stop 10,000, Kansas City, MO 64131, Attention Policy Section. Do not return the completed form to this address. National Institute of Food and Agriculture US Department of Agriculture OMB No. 0524-0039 Form Approved For Use Through XX/XX/XXXX