

**SUPPLEMENTAL INFORMATION  
REQUIRED FOR  
DEPARTMENT OF EDUCATION**

**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. Applicant Experience:**

Novice Applicant

Yes

No

Not applicable to this program

**3. Human Subjects Research:**

Are any research activities involving human subjects planned at any time during the proposed project Period?

Yes

No

Are ALL the research activities proposed designated to be exempt from the regulations?

Yes

Provide Exemption(s) #:

No

Provide Assurance #, if available:

**Please attach an explanation Narrative:**

Add Attachment

Delete Attachment

View Attachment