Grants.gov Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	Key Contacts V1.0
OMB Number	4040-0010
OMB Expiration Date	10/31/2019

Form Field Instructions

Field Name	Required or Optional	Information
*Application Organization Name:	Required	Enter the legal name of the applicant that will undertake the assistance activity. This field is pre-populated by the SF-424 if submitted through Grants.gov
Contact Project Role:	Required	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:	Required	Enter the First Name.
Middle Name:		Enter the Middle Name.
Last Name:	Required	Enter the Last Name.
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.
Street 1:	Required	Enter the first line of the Street Address.
Street 2:		Enter the second line of the Street Address.
City:	Required	Enter the City.
County/Parish:		Enter the County or Parish.

Field Name	Required or Optional	Information
State:	Required	Select the state, US possession, or military code from the provided list. This field is required if the Country is the United States.
Province:		Enter the Province.
Country:	Required	Select the Country from the provided list.
ZIP/Postal Code:	Required	Enter the nine-digit Postal Code (e.g., ZIP Code). This field is required if the Country is the United States.
Telephone Number:	Required	Enter the daytime Telephone Number.
Fax:		Enter the Fax Number
Email:	Required	Enter a valid Email Address.

*If using the Grants.gov application, you may enter up to 4 Key Contacts.