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| **Subrecipient Contact Information Sheet** (to be completed by Subrecipient) |
| Institution/Organization (“Subrecipient”)Name:      Address:      City:      State:     Zip+4:     EIN Number:       Institution Type:      Is Performance Site the Same as the Above Address: [ ] Yes [ ] NoIf No, is the Performance Site the same as the PI address below: [ ] Yes [ ] NoIf No, enter Performance Site on Page 2Is the Subrecipient Currently Registered in SAM.gov? [ ] Yes [ ] NoDUNS Number:      Congressional District:        |
| Administrative Contact (OSP)Name:           Address:           Telephone:      Fax:      Email:       |
| Principal Investigator/Project DirectorName:           Address:           Telephone:      Fax:      Email:       |
| Financial Contact (for OMB Circular A133 audit reports)Name:            Address:           Telephone:      Fax:      Email:       |
| Authorized Institutional OfficialName:           Address:           Telephone:      Fax:      Email:       |
| Place of PerformanceName:      Address:      City:      State:     Zip+4:     Congressional District:      Telephone:     Fax:      Email:       |