|  |
| --- |
| **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 No  If No, is the Performance Site the same as the PI address below: Yes No  If No, enter Performance Site on Page 2  Is the Subrecipient Currently Registered in SAM.gov? Yes No  DUNS Number:  Congressional District: |
| Administrative Contact (OSP)  Name:    Address:    Telephone:  Fax:  Email: |
| Principal Investigator/Project Director  Name:    Address:    Telephone:  Fax:  Email: |
| Financial Contact (for OMB Circular A133 audit reports)  Name:    Address:    Telephone:  Fax:  Email: |
| Authorized Institutional Official  Name:    Address:    Telephone:  Fax:  Email: |
| Place of Performance  Name:  Address:  City:  State:  Zip+4:  Congressional District:  Telephone:  Fax:  Email: |