



SUBRECIPIENT APPLICATION ORGANIZATION INFORMATION SHEET

Organization Information

Organization legal name (must match federal tax ID): _____

Doing business as (if applicable): _____

Street address 1: _____

Street address 2: _____

City: _____ State: _____ Zip: _____

Remit address 1 (if applicable): _____

Remit address 2: _____

Remit City: _____ State: _____ Zip: _____

Federal tax ID: _____ County vendor ID (if applicable): _____

Federal unique entity identifier (formerly DUNS): _____

UEI Name (exactly how it appears in SAM.Gov): _____

Type of business (Check one):

- Corporation
- Limited liability corporation
- Nonprofit/charity
- Partnership
- Joint venture

Contact Information

Authorized organization representative (generally CEO): _____

AOR phone: _____ AOR email: _____

Primary contact: _____

Primary contact phone: _____ Email: _____

Financial officer contact: _____

Financial officer phone: _____ Email: _____

Project Information

Project description (1-3 sentence description of the project): _____

Total request amount: \$ _____

**If applying as a nonprofit, you must also submit a Board of Directors list.*