# Subrecipient Application Organization Information Sheet

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|  | | | | | | | | | | | |
| Organization Legal Name  (must match federal tax ID): |  | | | | | | | | | | |
| DBA/Doing Business As  (if different): |  | | | | | | | | | | |
| Street Address 1: |  | | | | | | | | | | |
| Street Address 2: |  | | | | | | | | | | |
| City: |  | | State: | | |  | | Zip: | |  | |
| Remit Address 1 (if different): |  | | | | | | | | | | |
| Remit Address 2 |  | | | | | | | | | | |
| Remit City: |  | | State: | | |  | | Zip: | |  | |
| Federal Tax ID: |  | | City Supplier ID #: | | |  | | | | | |
| Federal Unique Entity Identifier (formerly Duns): |  | | UEI Name (exactly how it appears in SAM.Gov): | | |  | | | | | |
| Type of Business  (Check one): | Corporation |  | Limited Liability Corp: |  | Non-profit/  Charity |  | Partnership |  | Joint Venture | |  |
| Contact Information | | | | | | | | | | | |
| **Authorized Organization Representative** (generally CEO): | First Name: | |  | | | Last Name: | |  | | | |
| AOR Phone: |  | | AOR Email: | | |  | | | | | |
| **Primary Contact:** | First Name: | |  | | | Last Name: | |  | | | |
| Primary Contact Phone: |  | | Email: | | |  | | | | | |
| **Financial Officer Contact:** | First Name: | |  | | | Last Name: | |  | | | |
| Financial Officer Phone: |  | | Email: | | |  | | | | | |
| **Project Information** | | | | | | | | | | | |
| Project Description (1-3 sentence description of the project) |  | | | | | | | | | | |
| Total Request Amount: | $ | | | Total Match (if applicable): | | | | $ | | | |
| Population/ District (s) served: |  | | | | | | | | | | |