# Subrecipient Application Organization Information Sheet

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| Organization Information |
| 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 #:(if available) |  |
| Federal Unique Entity Identifier UEI (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:  | $ |

# Instruction Information

* **Legal Name of the Organization:** This field is required and must match the name on file with the IRS.
* **Doing Business As (DBA):** This field is optional and can be used if the name commonly used in the community to reference your organization is different than the legal name of your entity. In order to use this name, the organization must have completed the required publication process for an assumed name and filed the necessary paperwork with the Minnesota Secretary of State’s Office so that the organization’s assumed name shows up as active for the organization in an online search of the Business Filings for the Minnesota Secretary of State’s Office.
* **Federal Tax Identification Number:** Insert your organization’s federal tax identification number found on your Employee ID Number (EIN) letter. For non-profit entities, this is generally called the 501(c)(3) Letter. For organizations without legal tax identification number, insert the tax identification number of your fiscal agent, and include a letter of commitment to provide sponsorship from the fiscal agent in the attachments for your proposal.
* **Authorized Organization Representative (AOR):** This should be a person that has the legal authority to enter contracts on behalf of the organization, often the Executive Director or Chief Executive Officer. If an organization’s organizational documents require that more than one person sign a contract on behalf of the organization, all of the required names and titles should be included.
* **Primary Point of Contact:** This should be the person you wish to receive communication about the applicable subaward related to this RFP.
* **Organization Primary Address:** This address must match address on file with the IRS.
* **Remit Address**: This field is optional and can be used to provide an address if the location to send payment for services is different than the organization’s primary address.
* **City Supplier ID#**: A City Supplier# is not required at time of application, but applicants must be registered as a supplier before receiving a subaward of the City’s grant funds. You can apply through the [supplier portal](https://stpaul-lm01.cloud.infor.com/lmcsf/SupplyManagementSupplier/land/99-2?csk.SupplierGroup=COSP)upon receipt of an award.
* **Federal Unique Entity Identifier (UEI):** A UEI is not required at time of application. However, the City is not permitted to contract with any subrecipient through this program that does not hold a UIE. A UEI will be required before contracting. The federal government manages this process. If applicants do not know, or have not yet secured a UEI, you can visit the federal site and follow instructions provided here: <https://sam.gov/content/home>