# 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: |  |