

APPLICANT INFORMATION FORM

Appendix (1)

1) Name of Organization Applicant:

Please list the organization's legal name that should be used for the subaward. If the organization's legal name is different from what is listed in the SAM registration and/or DUNS registration, please provide a brief explanation in the "Additional Information" section.

2) DUNS number:

3) Employer Identification Number:

4) SAM Registration:

Yes current registration expiration date

No

5) Organization Address *(If there are multiple locations, you may list the administrative headquarters address.)*

6) Executive Director - Name:

Phone:

Email:

7) Project Director *(POC for programmatic matters)—Name:*

Phone:

Email:

8) Fiscal Manager *(POC for financial matters) — Name:*

Phone:

Email:

9) Fellow Supervisor *(Fellow's direct supervisor) — Name:*

Phone:

Email:

10) Fellow's Office Address *(if different from the organization's address listed above):*

11) Total Subaward Budget Requested (\$):

12) Number of Fellows Proposed:

13) Legal Service to Rural Communities *(please mark yes or no based on your project plan described in the program narrative. See 1.E Program Information - Host Organization.)*

Yes

No

14) Additional Information (optional):