



## APPLICANT INFORMATION FORM

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 (point of contact for programmatic matters) – Name:

Phone:    Email:

8) Fiscal Manager (*point of contact 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):



(as if each unit or line item were a separate agreement) if required by the proposed agreement.

- l) Segregation of pre-award costs from award costs.
- m) Required to support requests for progress or advance payments.

17) Is the Accounting System currently in Full Operation?

18) Applicant/Prospective Subrecipient's attestation that Accounting System is capable for Management of prospective subaward

YES (meets all the "YES" criteria above)

NO (does not meet all the criteria above; explain in the Narrative box below, why)

Narrative (Explanation of deficiencies; "NO" or "N/A" items in this checklist.