

Attachment 3B

Subaward Number:

Research Subaward Agreement Subrecipient Contacts

Subrecipient Place of Performance for [FFATA](#) reporting

Name:
Address:
City: State: Zip Code+4: Zip Code [Look-up](#)
EIN No.: DUNS: Parent DUNS:
Institution Type: Congressional District:
Is Subrecipient currently registered in [SAM.gov](#)? Yes No
Is Subrecipient exempt from reporting executive compensation? Yes No If no, complete 3B, page 2

Subrecipient Administrative Contact

Name:
Address:
City: State: Zip Code:
Telephone: Email:

Subrecipient Principal Investigator

Name:
Address:
City: State: Zip Code:
Telephone: Email:

Subrecipient Financial Contact

Name:
Address:
City: State: Zip Code:
Telephone: Email:
Central email: Is this the remittance address? Yes No
Remittance Address (if different):

Subrecipient Authorized Official

Name:
Address:
City: State: Zip Code:
Telephone: Email:
Central email: