

Attachment 3B - Research Subaward Agreement

Subaward Number:

Institution/Organization ("Subrecipient")

Subrecipient Contacts

Name:

Address:

City: State: ZipCode + 4:

EIN No.: Institution Type:

Is the Performance Site the Same Address as Above? Yes No

If no, is the Performance Site the same as PI address below? Yes No

If no to both questions, please complete 3B page 2 (if ARRA funding use Attachment 4A).

Subrecipient currently registered in CCR? Yes No

DUNS No.:

Parent DUNS No.:

Is Subrecipient exempt from reporting compensation? Yes No

Congressional District:

Congressional District:

If no, please complete 3B page 2 (if ARRA funding use Attachment 4A).

Administrative Contact

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Principal Investigator

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Financial Contact

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email:

Authorized Official

Name:

Address:

City: State: ZipCode:

Telephone: Fax:

Email: