

SUPPLEMENTAL COOPERATOR INFORMATION SHEET

Additional information needed to fulfill FFATA requirements.

Cooperator Name:		Agreement Number:	
Parent DUNS Number:	Primary Performance Street Address:		
Primary Performance City:		Primary Performance State:	
Primary Performance Zip:	County of Primary Performance:	Primary Performance Country:	
Performance in Multiple States: Yes or No		Performance in Multiple Counties: Yes or No	
Comments:			