Subrecipient General Information

Subrecipient Legal Name:

Subrecipient's hours of operation:

City Business License Number

IRS Taxpayer Identification Number

DUNS#

UEI#

To update our records, please identify your contact people for the following areas:

Coordination of:	Contact Name	Phone	E-mail address
Administrative Issues			
Programmatic Issues			
Fiscal Issues			
Administrative Liaison for City Program			

Main Office address:

Program Location address:

Satellite and/or Alternate addresses:

(Attached a separate sheet if you have more Satellite and/or Alternate addresses)

_____

(Original) Signature of Individual Authorized to Sign Contracts

_____ _____

Typed name of above individual Title

_____

Date