

Attachment 3B
Research Subaward Agreement
Subrecipient Contacts

Subaward Number:

Subrecipient Place of Performance

Name:
Address:
City: State: Zip Code +4:
EIN No.: Institution Type: Zip Code [Look-Up](#)

Is Subrecipient currently registered in [SAM.gov](#)? Yes No

Is Subrecipient exempt from reporting compensation? Yes No

If no, please complete 3B page 2

DUNS No.: Parent DUNS No.: Congressional District: Congressional District:

Subrecipient Administrative Contact

Name:
Address:
City: State: Zip Code:
Telephone: E-mail:

Subrecipient Principal Investigator (PI)

Name:
Address:
City: State: Zip Code + 4:
Telephone: E-mail:

Subrecipient Financial Contact

Name:
Address:
City: State: Zip Code:

Is this the remittance address? Yes or No If no, enter address below.

Remittance Address (if different to Financial Contact):
Telephone: E-mail:
Central E-mail:

Subrecipient Authorized Official

Name:
Address:
City: State: Zip Code:
Telephone: E-mail:
Central E-mail: