

**University of Arkansas at Little Rock**

Office of Research and Sponsored Programs

**Subrecipient Questionnaire**

ORSP #: \_\_\_\_\_

Banner #: \_\_\_\_\_

Subaward #: \_\_\_\_\_

UALR Principal Investigator: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Project Period: \_\_\_\_\_

**SUBRECIPIENT ORGANIZATION**

Subrecipient: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip+4: \_\_\_\_\_

Institution Type: \_\_\_\_\_

EIN (Tax ID No.): \_\_\_\_\_

DUNS#: \_\_\_\_\_

FY End: \_\_\_\_\_

Congressional District: \_\_\_\_\_

F&A Federal Cognizant Agency/Contact Person/Phone Number: \_\_\_\_\_

Is the Subrecipient registered in SAM-System for Award Management (formerly CCR):

Yes  No

**SUBRECIPIENT CONTACT INFORMATION**

**Administrative Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_

**Principal Investigator:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_

**Financial Contact**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_

**Authorized Official:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_

**Performance site address: (If different from organization address above)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip+4: \_\_\_\_\_

E-mail: \_\_\_\_\_ Office #: \_\_\_\_\_

