

University of Arkansas at Little Rock

Office of Research and Sponsored Programs

Subrecipient Questionnaire

ORSP #: _____

Workday #: _____

Subaward #: _____

UALR Principal Investigator:

Project Title:

Sponsor:

Project Period:

SUBRECIPIENT ORGANIZATION

Subrecipient:

Address:

City/State/Zip+4:

Institution Type:

Unique Entity Identifier (UEI)

EIN (Tax ID No.):

FY End: _____ Congressional District: _____

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

Is the Subrecipient registered in SAM-System for Award Management: YES NO

SUBRECIPIENT CONTACT INFORMATION

Principal Investigator:

Name: _____

Address: _____ Zip+4: _____

E-mail _____ Office Ph: _____

Administrative Contact:

Name: _____

Address: _____ Zip+4: _____

E-mail _____ Office Ph: _____

