

**Attachment 3B**  
Research Subaward Agreement  
**Subrecipient Contacts**

Subaward Number:

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**Subrecipient Place of Performance**

Name:

Address:

City:

State:

**Zip Code + 4:**  
**(Look up)**

EIN No.:

Institution Type:

Is Subrecipient currently registered in SAM?    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:

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**Subrecipient Administrative Contact**

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

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**Subrecipient Principal Investigator (PI)**

Name:

Address:

City:

State:

**Zip Code + 4:**

Telephone:

Fax:

E-mail:

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**Subrecipient Financial Contact**

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail:

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**Subrecipient Authorized Official**

Name:

Address:

City:

State:

Zip Code:

Telephone:

Fax:

E-mail: