

## Attachment 3B

Subaward Number:

### Research Subaward Agreement Subrecipient Contacts

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#### Subrecipient Place of Performance for [FFATA](#) reporting

Name:  
Address:  
City: State: Zip Code+4: Zip Code [Look-up](#)  
EIN No.: DUNS: Parent DUNS:  
Institution Type: Congressional District:  
Is Subrecipient currently registered in [SAM.gov](#)? Yes No  
Is Subrecipient exempt from reporting executive compensation? Yes No If no, complete 3B, page 2

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#### Subrecipient Administrative Contact

Name:  
Address:  
City: State: Zip Code:  
Telephone: Email:

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#### Subrecipient Principal Investigator

Name:  
Address:  
City: State: Zip Code:  
Telephone: Email:

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#### Subrecipient Financial Contact

Name:  
Address:  
City: State: Zip Code:  
Telephone: Email:  
Central email: Is this the remittance address? Yes No  
Remittance Address (if different):

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#### Subrecipient Authorized Official

Name:  
Address:  
City: State: Zip Code:  
Telephone: Email:  
Central email: