



SUBRECIPIENT PROFILE

ENTITY LEGAL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____ - _____ COUNTRY: _____

ENTITY TYPE: (select all that apply)

- FEDERAL, STATE OF ILLINOIS, PRIVATE FOUNDATION, PRIVATE PROFIT, PRIVATE NON-PROFIT, OTHER STATE OR LOCAL GOVERNMENT, INSTITUTION OF HIGHER EDUCATION, FOREIGN NON-PROFIT, FOREIGN INSTITUTION OF HIGHER EDUCATION, FOREIGN GOVERNMENT, FOREIGN PRIVATE PROFIT, FEDERALLY RECOGNIZED TRIBE, OTHER (please describe): _____

TAX ID: _____ UEI: _____

Recipients of US federal funds are required to have a UEI number. To register for a UEI, go to: https://sam.gov/content/entity-registration

REGISTERED IN SAM? [] YES [] NO

(NOTE: Active SAM registration is required for direct recipients and subrecipients of US federal funds per 2 CFR Part 25)

Facilities & Administrative (F&A) Rates

Does Entity have a federally-negotiated or externally audited rate?

[] Yes [] No

If Yes, please attach a copy of the current negotiated or externally audited rate agreement -OR- provide a link

Audit Status

Does Entity receive an annual audit in accordance with the Uniform Guidance Single Audit requirements of 2 CFR 200 Subpart F?

[] Yes [] No

If Yes, please provide the website link -OR- attach a copy of the most recent completed audit.

Signature

The signatory certifies that the above information is accurate, complete, and current as of the date of signature.

By: _____ Date: _____

Printed name and title: _____