



**Sponsored Programs
Subrecipient Data Sheet – For Non US Participants**

Legal Name of Subrecipient

Street Address + Building Number

Postal Code + City/Town/Locality

Country Name Check ALL that apply:

_____ For Profit Governmental Entity

DUNS Number Non Profit University of Higher Education

Is Primary Location of Performance the same as the address listed above? Yes No

If No, please provide performance location:

Street Address + Building Number

Postal Code + City/Town/Locality

Country Name

Name of Contact: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Subrecipient has received USAID funding in the past? Yes No

Name of individual who is authorized to contractually bind Subrecipient:

By signing below, I hereby certify that all the above information is correct.

Signature

Date