

OFFICE OF SPONSORED PROGRAMS SUBRECIPIENT DATA FORM

This form is required to be completed by LSU's subrecipient

Subrecipient Information	
Subrecipient Legal Name (as appeared in Sam Registration)	Place of Performance Address (City, State, Zip + #)
Unique Entity Identifier (UEI):	Congressional District:
Federal Employer Identification Number (EIN):	Prime Awarding Agency:
Prime Sponsor:	
Notice of Funding Opportunity Number or URL:	
Registered in SAM? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date _____	

Proposal Title:
LSU Principal Investigator :
Name:
Phone:
Email:

SECTION II. SUBRECIPIENT CONTACT INFORMATION	
Subrecipient Principal Investigator	Subrecipient Administrative Contact
Name:	Name:
Title:	Title:
Phone:	Phone:
Email:	Email:
Subrecipient Authorized Organizational Representative	Subrecipient Financial Contact
Name:	Name:

YES	NO	<u>If proposal is awarded, appropriate committee approvals must be provided before any subaward can be issued.</u>
		1. Does this project involve Human Subjects?
		2. Does this project involve Vertebrate Animals?
		3. Does this project involve Radioactive Materials/Radiation?
		4. Does this project involve Recombinant DNA, infectious agents, transgenic plants or animals, human or primate

