None

## OFFICE OF SPONSORED PROGRAMS SUBRECIPIENT DATA FORM

## This form is required t o be completed by LSU's subrecipient

Subrecipient Legal Nameas appeared in Sam Registration)	Place of PerformanceAddress (City, State, Zip +)4							
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? Yes No Expiration Date								

Proposal Title:								
LSU Principal Investigator : Name: Phone: Email:								
SECTION ILSUBRECIPIENTCONTACT INFORMATION								
Subrecipient Principal Investigator	Subrecipient Administrative Contact							
Name:	Name:							
Title:	Title:							
Phone:	Phone:							
Email:	Email:							
Subrecipient Authorized Organizational Representative	Subrecipient Financial Contact							
Name:	Name:							

a. Fiscal year starts (Month/Date): \_\_\_\_\_

b. Date of most reent audit: \_\_\_\_\_

c.

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

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