|  |  |
| --- | --- |
| Subrecipient Legal Name: |  |
| Subrecipient’s hours of operation: |  |
| City Business License Number |  |
| IRS Taxpayer Identification Number |  |
| DUNS# |  |
| UEI# |  |

To update our records, please identify your contact people for the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
| **Coordination of:** | **Contact Name** | **Phone** | **E-mail address** |
| Administrative Issues |  |  |  |
| Programmatic Issues |  |  |  |
| Fiscal Issues |  |  |  |
| Administrative Liaison for City Program |  |  |  |

Main Office address:

Program Location address:

Satellite and/or Alternate addresses:

(Attached a separate sheet if you have more Satellite and/or Alternate addresses)

(Original) Signature of Individual Authorized to Sign Contracts

Typed name of above individual Title

Date