



Recipient Information

- 1. Recipient Name**
 Name of Recipient
 Address Line 1
 Address Line 2
 City, State, XXXX-XXXX
- 2. Congressional District of Recipient**
 XX
- 3. Payment System Identifier (ID)**
 XX-XXXXXXX
- 4. Employer Identification Number (EIN)**
 XX-XXXXXXX
- 5. Data Universal Numbering System (DUNS)**
 XX-XXX-XXXX
- 6. Recipient's Unique Entity Identifier**
 XXXXXXXXXXXXX
- 7. Project Director or Principal Investigator**
 Name
 Title
 email@email.com
 XXX-XXX-XXXX
- 8. Authorized Official**
 Name
 Title
 email@email.com
 XXX-XXX-XXXX

Federal Award Information

- 11. Award Number**
 XXXXXXXXXXXXX
- 12. Unique Federal Award Identification Number (FAIN)**
 XXXXXXXX
- 13. Statutory Authority**
 XX XXX XXXX XX XXX
- 14. Federal Award Project Title**
 XXXX
- 15. Assistance Listing Number**
 XX.XXX
- 16. Assistance Listing Program Title**
 XXXX
- 17. Award Action Type**
 XXXX
- 18. Is the Award R&D?**
 XXXX

Federal Agency Information

- 9. Awarding Agency Contact Information**
 Name
 Title
 Operating Division Name
 email@email.com
 XXX-XXX-XXXX
- 10. Program Official Contact Information**
 Name of Program Official
 Title
 Operating Division Name
 email@email.com
 XXX-XXX-XXXX

Summary Federal Award Financial Information

19. Budget Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX		
20. Total Amount of Federal Funds Obligated by this Action	\$	0
20a. Direct Cost Amount	\$	0
20b. Indirect Cost Amount	\$	0
21. Authorized Carryover	\$	0
22. Offset	\$	0
23. Total Amount of Federal Funds Obligated this budget period	\$	0
24. Total Approved Cost Sharing or Matching, where applicable	\$	0
25. Total Federal and Non-Federal Approved this Budget Period	\$	0
26. Project Period Start Date XX/XX/XXXX – End Date XX/XX/XXXX		
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$	0
28. Authorized Treatment of Program Income		
XXXX		
29. Grants Management Officer - Signature		
Signature		

30. Remarks

XXXX