

## Subrecipient Checklist and Information

## **Pass-Through Entity**

The Corporation of Mercer University 1501 Mercer University Drive Macon, GA 31207-1515 Phone (478) 301-2801

N	Macon, GA 31207-1515				
Pass-Through Entity Primary Investigator:					
	Primary Investigator Email:				
Project Title:					
Performance Period:					
Funding Source	rce:				
Funder's Solicitation/FOA Number:					
Required Documents for sub-award proposal submission:					
	Scope of Work				
	Budget (either Excel format or R & R Budget	template pdf)			
	Budget justification				
	R&R Senior Key Personnel Profile with Biosk	cetches			
	Facilities and Resources Document				
	Subaward Risk Analysis Questionnaire				
	Institutional Consortium Letter signed by th	ne Subaward Institution's Authorized Official			
	Indirect Cost Rate Agreement between Suba	award Institution and Federal Govt			
	Most Recent Uniform Guidance Single Audit	t Report from the Subaward Institution			
	Compliance forms for animal or human subj	jects, hazardous chemicals, etc.			
	Other forms required in the Funding Oppor	tunity Announcement:			

Please submit the documents noted above to Patrick Ingram (ingram\_p@mercer.edu) by:

We look forward to collaborating with you on the above referenced project. Thank you.



## **Subrecipient Information**

Subrecipient Place of Performance			
Name:			
Address:			
City:		State:	Zip Code + 4:
FEIN No.: Institution Type:			(Look up)
Is Subrecipient currently registered in SAM? Yes No			
Is Subrecipient exempt from reporting compensation?  Yes  No			
Is Subrecipient currently debarred? Yes No			
Unique Entity Identifier#: Parent Unique Entity Identifier#:		Congressional Dist	rict: Congressional District:
Subrecipient Administrative Contact			
Name:			
Address:			
City:		State:	Zip Code:
Telephone:	Fax:		
E-mail:			
Subrecipient Principal Investigator (PI)			
Name:			
Address:			
City:		State:	Zip Code:
Telephone:	Fax:		
E-mail:			
Subrecipient Financial Contact			
Name:			
Address:			
City:		State:	Zip Code:
Telephone:	Fax:		
E-mail:			
Subrecipient Authorized Official			
Name:			
Address:			
City:		State:	Zip Code:
Telephone:	Fax:		
F-mail:			