

Attachment 3B
Milwaukee Area Workforce Investment Board
Subrecipient Contacts

Subrecipient Place of Performance			
Name:	Address:	City:	State:
Zip Code +4:	EIN No:	Institution Type:	
Is Subrecipient currently registered in SAM?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is Subrecipient exempt from reporting compensation? <small>(If No, please complete Attachment 3B page 2)</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
DUNS Number:		Parent DUNS Number:	

Subrecipient Program Director Contact

Name: Telephone:
 Address: Fax:
 City, State, Zip Code: Email:

Suprecipient Program Director Contact

Name Telephone:
 Address Fax:
 City, State, Zip Code: Email:

Subrecipient Authorized Official Contact

Name: Telephone:
 Address: Fax:
 City, State, Zip Code: Email:

Subrecipient Principal Investigator

Name: Telephone:
 Address: Fax:
 City, State, Zip Code: Email: