

Friday, January 08, 2010

Text A+ A- A



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Sub Recipient Data

All fields marked with an asterisk (*) are required unless otherwise noted.

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Report Information

Award Type	Award Number	Prime DUNS	Calendar Year / Quarter
Grant	S394A090001	829915219	2009 / 4

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[Sub Recipient Information](#)

Current Reporting Cycle

Initial Submission - Prime and Sub Recipients enter drafts and submit Initial Submission reports.

* Sub Recipient DUNS Number

* Sub Recipient Congressional District 

Sub Recipient Type 2F.HB.M8.OH.VW

Sub Recipient Legal Name SHELTON STATE COMMUNITY COLLEGE

Sub Recipient DBA Name

Sub Recipient Address 1 9500 OLD GREENSBORO RD

Sub Recipient Address 2


Sub Recipient City TUSCALOOSA

Sub Recipient State AL

Sub Recipient ZIP Code + 4 354058522

Sub Recipient Country USA


Sub Award Information

[More information about these fields](#) 


Sub Award Number 10-1327-20A

* Amount of Sub Award \$

* Total Sub Award Funds Disbursed \$

* Sub Award Date 

Sub Recipient Place of Performance

[More information about these fields](#) 

Note: If your Sub Recipient Place of Performance exists outside of the United States, only City and Country Code are required.

Address 1

Address 2

City

Country Code

State


* ZIP Code + 4 -

* Congressional District

Note: If you are not sure about your ZIP Code or ZIP code extension, you can search for your address on the [United States Postal Service website](#). If your Place of Performance does not have a specific ZIP Code extension, enter "0000" and the Congressional District lookup will return all possible congressional districts for the ZIP Code.

Sub Recipient Highly Compensated Officers

Note: If you indicate "Yes" for Sub Recipient Indication of Reporting Applicability, at least one officer name and compensation is required.

[More information about these fields](#) 

Sub Recipient Indication of Reporting Applicability	No <input type="checkbox"/>
Officer 1 Name	<input type="text"/>
Officer 1 Compensation \$	<input type="text"/>
Officer 2 Name	<input type="text"/>
Officer 2 Compensation \$	<input type="text"/>
Officer 3 Name	<input type="text"/>
Officer 3 Compensation \$	<input type="text"/>
Officer 4 Name	<input type="text"/>
Officer 4 Compensation \$	<input type="text"/>

Officer 5 Name

Officer 5 Compensation \$

Report Audit Trail

Created By Ann Bracknell

Date Created 01/05/2010 02:50 PM

Last Updated By Ann Bracknell

Last Updated On 01/06/2010 11:32 AM

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