

Tuesday, January 05, 2010

Text A\* A\* A



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Sub Recipients Vendors

Hello, Ann Bracknell  
(Recipient User)

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### Sub Recipient Reporting

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#### Sub Recipient Data

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

Report Information

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

Change Key

Sub Recipient Information

**Current Reporting Cycle**

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

\* Sub Recipient DUNS Number 159134618

\* Sub Recipient Congressional District 07

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 \$ 2038406.00

\* Total Sub Award Funds Disbursed \$ 470921.00

\* Sub Award Date 10/01/2009

**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** 9500 Old Greensboro Road

**Address 2**

**City** Tuscaloosa  
**Country Code** US - United States  
**State** AL - Alabama  
**\* ZIP Code + 4** 35405  
**\* Congressional District** 07

**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.

<b>Sub Recipient Highly Compensated Officers</b>
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[More information about these fields.](#)

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

**Sub Recipient Indication of Reporting Applicability** No

- Officer 1 Name**
- Officer 1 Compensation** \$
- Officer 2 Name**
- Officer 2 Compensation** \$
- Officer 3 Name**
- Officer 3 Compensation** \$
- Officer 4 Name**
- Officer 4 Compensation** \$

Officer 5 Name
Officer 5 Compensation \$
<a href="#">Report Audit Trail</a>
<b>Created By</b> Ann Bracknell
<b>Date Created</b> 01/05/2010 02:50 PM
<b>Last Updated By</b> Ann Bracknell
<b>Last Updated On</b> 01/05/2010 02:50 PM

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