

Tuesday, January 05, 2010

Text A* A* A



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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](#)

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 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.

Sub Recipient Highly Compensated Officers
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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 \$
Report Audit Trail
Created By Ann Bracknell
Date Created 01/05/2010 02:50 PM
Last Updated By Ann Bracknell
Last Updated On 01/05/2010 02:50 PM

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