

Tuesday, April 06, 2010

Text A+ A- A



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Sub Recipients

Vendors

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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	2010 / 1

Change Key

Sub Recipient Information

* 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

Current Reporting Phase

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

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 \$ 607060.00

* Sub Award Date 10/01/2009

Sub Recipient Place of Performance

[More information about these fields](#)

Address 1 9500 Old Greensboro Road

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.

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

ALERT: If you enter an Address and ZIP Code associated with a P.O. Box, FederalReporting.gov will only accept the Congressional District that aligns with the location of the Post Office, which might be different from the Congressional District of your street address or your physical Place of Performance.

Sub Recipient Highly Compensated Officers

[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 Yes

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 04/06/2010 12:55 PM
Last Updated By Ann Bracknell
Last Updated On 04/06/2010 12:55 PM

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