

Friday, October 01, 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

Award Type	Award Number	Prime DUNS	Calendar Year / Quarter
Grant	S394A090001	829915219	2010 / 3

Change Key

Current Reporting Phase

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

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

[More information about these fields](#)

Sub Award Information

Sub Award Number 10-1327-20A
 * Amount of Sub Award \$ 2038406.00
 * Total Sub Award Funds Disbursed \$ 1132448.00
 * Sub Award Date 10/01/2009

Sub Recipient Place of Performance

Address 1 9500 Old Greensboro Road
 Address 2

[More information about these fields](#)

City Tuscaloosa
Country Code US - United States
State AL - Alabama
*** ZIP Code + 4** 35405 - 8522
*** 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.

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 10/01/2010 02:08 PM
 Last Updated By Ann Bracknell
 Last Updated On 10/01/2010 02:08 PM

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