

For DoHS Use Only:
Grant Number _____

**West Virginia Department of Human Services
Subrecipient (Grantee) Information Form – DoHS Finance A-1000**

Please see the Instructions for Completion of the Subrecipient (Grantee) Information Form

1. Subrecipient (Grantee) Legal Name	2. Subrecipient (Grantee) DBA Name

3. Subrecipient (Grantee) 12 Digit Unique Entity Identification Number

4. Subrecipient (Grantee) Physical Location			
<i>Street 1:</i>		<i>State:</i>	
<i>Street 2:</i>		<i>Zip +4:</i>	
<i>City:</i>		<i>County:</i>	

5. Subrecipient (Grantee) Type (Please check one box only)	
<input type="checkbox"/> A - State Government <input type="checkbox"/> B - County Government <input type="checkbox"/> C - City or Township Government <input type="checkbox"/> D - Special District Government <input type="checkbox"/> E - Regional Organization <input type="checkbox"/> F - U.S. Territory or Possession <input type="checkbox"/> G - Independent School District <input type="checkbox"/> H - Public/State Controlled Institution of Higher Learning <input type="checkbox"/> I - Indian/Native American Tribal Government (Federally Recognized) <input type="checkbox"/> J - Indian/Native American Tribal Government (Other than Federally Recognized) <input type="checkbox"/> K - Indian/Native American Tribally Designated Organization <input type="checkbox"/> L - Public/Indian Housing Authority	<input type="checkbox"/> M - Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) <input type="checkbox"/> N - Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) <input type="checkbox"/> O - Private Institution of Higher Education <input type="checkbox"/> P - Individual <input type="checkbox"/> Q - For-Profit Business (Other than Small Business) <input type="checkbox"/> R - Small Business <input type="checkbox"/> S - Hispanic-serving Institution <input type="checkbox"/> T - Historically Black Colleges and Universities (HBCUs) <input type="checkbox"/> U - Tribally Controlled Colleges and Universities (TCCUs) <input type="checkbox"/> V - Alaska Native and Native Hawaiian Serving Institutions <input type="checkbox"/> W - non-domestic (non-US) entity <input type="checkbox"/> X - Other (Please explain) _____

6. Subrecipient (Grantee) Primary Place of Performance			
<i>City:</i>		<i>Zip +4:</i>	
<i>State:</i>		<i>County:</i>	

7. Subrecipient (Grantee) Highly Compensated Officers (if applicable)		
<i>Officer Name</i>	<i>Title</i>	<i>Total Compensation</i>

NOTE: This form must be signed by an individual no lower than the Executive Director or Chief Financial Officer.

Printed Name _____ Title _____
 Signature _____ Date _____ Phone # _____