

CARY INSTITUTE OF ECOSYSTEM STUDIES
Sub-Grantee Financial Information Form

Agreement # _____ Subcontractor Account # _____

Project Name: _____

Subcontractor: _____

Address: _____

Federal Tax ID# _____ DUNS# _____

1. Contact Information:

a. Name: _____

b. Title: _____

c. Department: _____

d. Phone #: _____

e. E-Mail _____

2. Organization Fiscal Year:

a. Start: _____

b. End: _____

3. A-133 Audit Required

a. Yes No

b. If yes, Completion Date of last A-133 audit _____

c. Were there any audit findings related to federal awards in the last fiscal year? _____
If yes, please send a copy of the audit report or provide a website where it can be downloaded .

4. Does your Institution have an approved Facilities & Administration Rate?

a. Yes No

b. If yes, Approved rate is _____% and is effective from

_____ to _____.

A copy of the approved rate plan must be provided to the Cary Institute of Ecosystem Studies.

5. Our organization has a copy of the relevant OMB Circulars available in the office or has access to the Circulars via the Internet? Yes No

Form Completed By: _____

Name and Title (Type or Print)

Signature: _____ Date: _____

Contact Information for the Cary Institute of Ecosystem Studies:

Marie F. Smith, CRA

Grants Administrator/Compliance Officer

Cary Institute of Ecosystem Studies, PO Box AB, Millbrook, NY 12545

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