

**EXHIBIT E
(SUBRECIPIENT'S ADMINISTRATION)**

Effective as of: [Click here to enter a date.](#)

**SUBRECIPIENT'S LEGAL
NAME:**

[Click here to enter text.](#)

SUBAWARD NUMBER:

[Click here to enter text.](#)

UNIQUE ENTITY NUMBER:

[Click here to enter text.](#)

SUBRECIPIENT'S PROJECT MANAGER¹:

Name:

[Click here to enter text.](#)

Title:

[Click here to enter text.](#)

Address:

[Click here to enter text.](#)

[Click here to enter text.](#)

Telephone:

[Click here to enter text.](#)

E-Mail Address:

[Click here to enter text.](#)

SUBRECIPIENT'S AUTHORIZED REPRESENTATIVE(S)²:

Name:

[Click here to enter text.](#)

Title:

[Click here to enter text.](#)

Address:

[Click here to enter text.](#)

[Click here to enter text.](#)

Telephone:

[Click here to enter text.](#)

E-Mail Address:

[Click here to enter text.](#)

Name:

[Click here to enter text.](#)

Title:

[Click here to enter text.](#)

Address:

[Click here to enter text.](#)

[Click here to enter text.](#)

Telephone:

[Click here to enter text.](#)

E-Mail Address:

[Click here to enter text.](#)

ADDITIONAL SUBAWARD CONTACTS³:

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.
Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.
Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

BUDGET ANALYST:

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.
Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

INVOICES – AUTHORIZED SIGNER:

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

Signature: _____

MIS DATA ENTRY PERSONNEL:

Primary Contact

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

Secondary Contact

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

Click here to enter text.

Telephone: Click here to enter text.

E-Mail Address: Click here to enter text.

Notes:

- 1 Project Manager shall meet all of the requirements noted in Exhibit A (Statement of Work). When updating the individual identified as the Project Manager, Subrecipient shall submit the individual's degree/diploma, resume, and job specifications.
- 2 Authorized Representative(s) shall be identified on Subrecipient's Board of Director's resolution, which provides evidence to support delegated authority that Subrecipient has vested in this individual to act on behalf of Subrecipient. When updating the individual designated as the Authorized Representative(s), Subrecipient shall submit the Board of Director's resolution which identifies the new individual(s).
- 3 In addition to the Authorized Representative(s) and Project Manager, this individual(s) will also receive communications and documents including but not limited to the Subaward, Amendment(s), invoicing documents, notices, etc.