

ORGANIZATION INFORMATION	
Entity Name	
Entity Type	Non/For-Profit <input type="checkbox"/> Tribal <input type="checkbox"/> State/Local <input type="checkbox"/>
EIN	
Cognizant Agency	

PROPOSAL POINT OF CONTACT INFORMATION		
Names		
Position Titles		
Email Addresses		
Phone Numbers		

RATE(S) INFORMATION INCLUDED IN THIS PACKAGE	
Requested Rates(s)	Indicate the %(s) requested with this proposal below - if 4 or more multiple rates requested, please just check the box. Be sure to identify each rate with the applicable account names (G&A, Fringe Benefits, Overhead, On-Site, Off-Site, etc.)
Requested Rate #1:	
Rate #2:	
Rate #3:	
Rate #4:	
4+ Rates:	<input type="checkbox"/>

OTHER INFORMATION		
Excel File Attached	Attached	N/A
Supporting Documentation	Attached	N/A
Single Audit Attached	Attached	N/A
	Reminder: If you earned more than \$1 million in direct federal funding in the Fiscal Year, you must submit a single audit per eCFR :: 2 CFR Part 200 Subpart F -- Audit Requirements .	