

Division of Forestry, Community and Urban Forestry Program

Community & Urban Forestry Assistance (CUFA) Grant Subrecipient Report

Revised 1/31/2024

Grantee:

Phone:

Unique Entity Identifier:

Directions: This report is used to report basic information about your organization to the State of Indiana and the US Forest Service as required by the terms of your grant. This form must be completed and submitted with your grant application.

Amount requested:

(The UEI Number is a unique nin required to register with the US https://sam.gov/content/home	Federal government for o				
Organization Type:	Local Govt	State Agency	Nonprof	Nonprofit	
Does your organization receiv	ve federal funding of ov	ver \$750,000 from	ANY source?	Yes N	No
Does your organization have	a current audit on file v	with the Federal Au	ıdit Clearinghouse	? Yes	No
Organization name as it appe (To search the Federal Audit Cle	•		/facdissem/Main.asp	×)	
Is your organization audited by	by the Indiana State Bo	ard of Accounts?	Yes	No	
Is your organization audited to (If YES, and if it is NOT registered	•	No ease attach a copy o	f your last audit dete	ermination.)	
Is your organization audited by (If YES, please enter the entity no Clearinghouse.)	•	Yes copy of your last aud	No it determination if it	is NOT registered	in the
Auditing Entity:					
Project Coordinator:					

Email Address: