To expedite the development of the Memorandum of Agreement (MOA), please complete and return this form.

**Project Administration** (Please select one and provide supporting information)

|  |
| --- |
| [ ]  **For ADD or Other Entities** |
| Name of Entity |       |
| Contact Person |       |
| Title |       |
| Mailing Address |       |
| Email Address |       |
| Phone Number(s) |       |
| [ ]  **Private Grant Manager** |
| Name |       |
| Title |       |
| Mailing Address |       |
| Email Address |       |
| Phone Number(s) |       |

**MOA Approval** (Please provide information on who will sign the MOA on behalf of Sub-Recipient)

|  |  |
| --- | --- |
| Name |       |
| Title |       |
| Mailing Address |       |
| Email Address |       |
| Phone Number(s) |       |

**Sub-Recipient Identification**

|  |  |
| --- | --- |
| Sub-Recipient Name |       |
| Tax-ID Number |       |
| SAM/Cage Code |       |
| Unique Entity Identifier |       |

**Financial Information**

[ ]  Separate Bank Account Setup

[ ]  Electronic Funds Transfer (EFT) Form Completed

* Return to:
	+ Kayla Thornsberry (kayla.thornsberry@ky.gov)
	+ Hannah Radosevich (hannah.radosevich@ky.gov)