

Division of Forestry, Community and Urban Forestry Program

## **Urban & Community Forestry Inflation Reduction Act Grant Subrecipient Report**

Revised 1/31/2024

**Grantee:** 

**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.

(The UEI Number is a unique nine-digit identification number your business. UEI Number assignment is FREE for all businesses

Amount requested:

| required to register with the US Federal government for contracts or grants. You can request and check your number here: <a href="https://sam.gov/content/home">https://sam.gov/content/home</a> )   |                           |                           |             |     |    |
|--|---------------------------|---------------------------|-------------|-----|----|
| Organization Type:   | Local Govt                | State Agency              | Nonprofit   |     |    |
| Does your organization receive   | federal funding of over   | \$750,000 from ANY sou    | urce? Yes   | No  |    |
| Does your organization have a  | current audit on file wit | th the Federal Audit Clea | aringhouse? | Yes | No |
| Organization name as it appears in the Clearinghouse: (To search the Federal Audit Clearinghouse, visit https://harvester.census.gov/facdissem/Main.aspx)  |                           |                           |             |     |    |
| Is your organization audited by  | the Indiana State Board   | d of Accounts?            | Yes         | No  |    |
| Is your organization audited by a CPA? Yes No (If YES, and if it is NOT registered in the Clearinghouse, please attach a copy of your last audit determination.)                                     |                           |                           |             |     |    |
| Is your organization audited by another entity? Yes No (If YES, please enter the entity name below and attach a copy of your last audit determination if it is NOT registered in the Clearinghouse.) |                           |                           |             |     |    |
| Auditing Entity:   |                           |                           |             |     |    |
| Project Coordinator:   |                           |                           |             |     |    |
| Phone:   |                           | Email Address:            |             |     |    |