

CATHOLIC CHARITIES OF LOUISVILLE KENTUCKY OFFICE FOR REFUGEES SUBAWARD AGREEMENT: COVER PAGE

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| Subrecipient: | | |
| Subaward # | | UEI # |
| FAIN # | | Assistance Listing Number: |
| Assistance Listing Program Title: | | |
| Period of Performance: 00/00/202X THRU 00/00/202X | | |
| Budget Period: 00/00/202X THRU 00/00/202X | | |
| Sub Office? Yes <input type="checkbox"/> No <input type="checkbox"/> | Address: | Sub Office Director: Phone Number: Email: |
| Program Reports are to be submitted: Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Financial Reports are due monthly: 10 th of the Month Final Financial Report is due: 10 th of the month, for the final month of liquidation as indicated on 17b. of the Notice of Subaward. | | |
| Subrecipient Program Manager: | | |
| Email: | | Phone Number: |
| Subrecipient Financial Contact: | | |
| Email: | | Phone Number: |
| Summary Description of Federal Program <i>(This is not a R&D subaward):</i> | | |
| Subaward Package Attachments: (a) Notice of Subaward (b) Standard Terms and Conditions (c) Program Specific Terms and Conditions (d) Federal Certifications and Public Policy Requirements (e) Financial Report Format with Approved Budget (f) Financial Report Instructions | | |

Agreed to and Signed:

In signing the subaward agreement, the individual acknowledges that the organization has reviewed the subaward package attachments and will assume the obligations imposed by applicable Federal statutes and regulations and terms and conditions of the subaward, including any assurances. These responsibilities include accountability both for the appropriate use of funds awarded and the performance of the grant-supported project or activities as specified in the approved application.

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| Signature of Authorized Representative | Date |