

Attachment B1 Participating Organizations

Please download Attachment B (B1 and B2), save it, and then reopen it from your computer before completing it.										
Project Director/Principal Investigator (PD/PI)										
First Name		Last Name	Last Name							
Project Title										
Participating O	rganization			F						
Organization Nar	ne	Project Director Nam	1e	Organization Type						
Organization Street Address		Organization Street	Address	City						
State	Zip Code			Countr						
		DUNS/UEI	7	Country	y					
Administrative C	ontact Name	Admin. Telephone	Admin. Ema	il						
Checklist to Determine Status of Organization (check all that apply): If Prime Funding is Assistance, distinction is between Subcontractor. If Prime Funding is Procurement, distinction is between Subcontractor and Vendor. The organization's Project Director shares responsibility with the Brandeis PI for project's design, conduct, analyses and reporting. The funds provided to the organization are to carry out a significant portion of the project's design or down. The organization will retain title to the intellectual property it creates in its Performance of the project. The organization's Project Director and other personnel may author papers and participate in publications related to their work on the project. Organization is properly categorized as a: Subcrecipient/Subcontractor Describe the participating organization's role on project (required). Certification that Classification of Organization is Accurate and Documented										
		riganization is Accura		liented						
PD/PI			Date							
ORA			Date							
			Date							



Attachment B2								
Participating Organizations								
Determined to be Subrecipient								

Project Director/Principal Investigator (PD/PI)												
First Name				Last Name								
Project Title												
Participating Organization												
Organization Name Project Director Name												
Participating Organization Budget												
	Budget Period Start Date End Date Direct Co				ost Indirect Cost Total Cost			F&A Base Type]			
1												
2 3												
4												
5	Total											
Signed	ng Organ Commitme Justificatio	nt Form / L		Bu	nentation (check dget Docume ope of Work	all received) entation of Rates						