ESG Non-profit Level of Review Form

Instructions: Supply the information requested below. Fill out an "Attachment" form for the Sub-recipient and each Second-tier Sub-recipient listed below, if applicable.

Sub-recipient Information:

Sub-recipient: _____ Contract Number: _____

Address: _____ City: _____ State: AL Zip Code: _____County: _____

ADECA Funds: _____ Matching Funds: _____ Total Funds: _____

Project/Activity Description:

List the Second-tier Sub-recipient(s) below:

1) Name: _____Total Amount Funded: _____

2) Name: _____Total Amount Funded: _____

3) Name: _____Total Amount Funded: _____

4) Name: _____Total Amount Funded: _____

5) Name: _____Total Amount Funded: _____

6) Name: _____Total Amount Funded: _____

7) Name: _____Total Amount Funded: _____

8) Name: _____Total Amount Funded: _____

9) Name: _____Total Amount Funded: _____

10) Name: _____Total Amount Funded: _____

_____ _____

Authorized Responsible Entity Name (printed) Title (printed)

_____ _____

Authorized Responsible Entity Signature Date