



**SUBCONTRACT DATA SHEET**

*(A one page statement of work must be submitted with this form)*

<b>Subcontractors Name:</b>	
<b>Mailing Address:</b>	
<b>City/State/Zip:</b>	
<b>Amount of Subcontract:</b>	
<b>Term of Subcontract:</b>	
<b>Title of Subcontract:</b>	
<b>Technical Contact</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Contractual Contact</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Authorized Official for Subcontractor:</b>	
<b>Title:</b>	
<b>AAMU Principal Investigator:</b>	
<b>P.O. Box:</b>	
<b>City/State/Zip:</b>	Normal, AL 35762
<b>Email Address:</b>	
Please submit completed form to respective Grants Administrator via e-mail or fax to 256- 372-5030.	