

FY 2022 Continuation Funding

Notice

Illinois Youth Investment

Program

Appendix B

Subcontractor Information (If Applicable)

- B1. Subcontractor Contact Information Form
- B2. Additional Subcontractor Information Form

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Program Contact Information- Subcontractor

Provide a form for each Subcontractor

Agency Name:		FEIN:	
Address:	City:	State:	Zip:
Phone/Cell:	Agency Website:		

Agency Director:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

Project Manager/Coordinator:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

Additional Program Contact:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

Fiscal Contact:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

Payroll Contact:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

Report/Data Contact:			
Address:	City:	State:	Zip:
Phone/Cell:	Fax:	Email:	

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Additional Subcontractor Information

Please include this form for EACH Subcontractor.

What is the amount of the subcontract? _____

Please provide a brief description (*up to 500 words*) of the services to be provided under the subcontract.

- A copy of the Executed Subcontract Agreement is included in the Application Package (May include current or draft if it will be a new agreement upon award execution)
- A copy of Subcontract Budget and Narrative is included in the Application Package

(If more than one subcontract is utilized, please use a separate copy of this form for each subcontractor.)