



### APPENDIX H - ADDITIONAL SUB-RECIPIENT INFORMATION FORM

Please include this form for EACH Sub-grantee.

Name of Subrecipient: \_\_\_\_\_ FEIN: \_\_\_\_\_

**Indicate the type(s) of Youth Intervention Services this organization will provide: (Check all that apply)**

Mentoring     Caregiver Engagement     Safe Place Programming     Life Skills

Employment Readiness and Skills Development     Other    Specify: \_\_\_\_\_

**What is the amount of the Sub-award?** \_\_\_\_\_

**Please provide a brief description (up to 500 words) of the services to be provided under the sub-grant:**

Attach a copy of the Executed Sub-Recipient Agreement

Attach a copy of Sub-Recipient Budget and Narrative