

**SELECT ORGANIZATION TYPE:**

**SUB OBJECT CODE**

**Required Information (Check one box only)**

- 1862 Land-Grant College ..... LG
- 1890 Land-Grant College ..... HB
- Cooperative Extension Service ..... CO
- Female Owned ..... FO
- Hispanic Institution ..... HI
- Individual ..... IN
- Minority Owned ..... MO
- Other ..... OT
- Other Federal Research ..... FR
- Private for Profit ..... PP
- Private Non-Profit ..... PN
- Private University or College ..... PR
- Public University or College ..... PU
- Small Business ..... SB
- State Agricultural Research Station ..... SA
- State or Local Government ..... SL
- Veterinary School or College ..... VE

**The following additional information is required:**

- Dunn and Bradstreet Universal Numbering System (DUNS) \_\_\_\_\_
- Tax Identification Number (TIN) \_\_\_\_\_
- EIN \_\_\_\_\_
- Authorized Organizational Representative E-Mail Address \_\_\_\_\_
- Principal Investigator E-Mail Address \_\_\_\_\_

Transactions with Corporations

Check One: Cooperator \_\_\_\_\_ is \_\_\_\_\_ is not an entity which has filed articles of incorporation in one of the fifty states, the District of Columbia, or any of the territories of the United States of America.

If "is" has been checked, completion of the following representation is required.

By signing below the undersigned attests that \_\_\_\_\_ [insert corporation name] has not been convicted of a felony criminal violation under Federal or State law within the past 24 months preceding the date of signature, nor has any officer or agent of \_\_\_\_\_ [insert corporation name] been convicted of a felony criminal violation under Federal or State law in the past 24 months preceding the date of signature.

By signing below the undersigned attests that \_\_\_\_\_ [insert corporation name] does not have any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title \_\_\_\_\_