



SHARP Subaward Selection Report (Fed/State)

OMB control number 3136-0134, expiration date October 31, 2024Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing

You must respond to each question to submit the form; if you attempt to submit the form with one or more missing responses, you will receive a message prompting you to provide the missing response(s). Text pasted into the form will be added as plain text. When reporting subawards made, each subaward must be entered individually in the form provided (the form does not accept "copy and paste" of entire rows from Excel files).

Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to NEH's Office of Federal/State Partnership, fedstate@neh.gov, 400 Seventh Street SW, Washington, D.C. 20506.

General information

Subawardees

In no more than 500 words, discuss the award selection process, including the criteria for selection; the composition of the review committee; whether the volume of applications for funding exceeded, met, or failed to meet expectations; and if councils funded organizations new to council funding.

Total number of all subaward applications received (eligible and ineligible by council criteria)

Total number of eligible (according to council criteria) subaward applications received

Total amount requested by eligible (according to council criteria) applicants

Total number of ARP subawards made

Total amount of ARP funding subawarded

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General information Subawardees

Enter subawardees selected

Institution name	City	State	Postal code	Congressional district (e.g. AL-01)	Primary organization type	If primary type is Other, please describe	Secondary organization type
		Select a value			Select a value		

Enter data and click **Save** at the end of the row to save and insert a new empty row.

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Primary organization type	If primary type is Other, please describe	Secondary organization type	If secondary type is Other, please describe	Anticipated number of jobs created with ARP funding	Anticipated number of jobs preserved or sustained with ARP funding	Institution mission statement	Institution website	ARP award amount	Primary ARP funding usage	Secondary ARP funding usage	Did this organization receive CARES funding in 2020?
Select a value		Select a value							Select a value	None	Select a value

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