New Recipient Contact Form

(This form is to be sent to newrecipientforms@americorps.gov)

**GRANTEE INFORMATION**

|  |  |
| --- | --- |
| Name of Grantee |  |
| EIN Number |  |
| Entity Type Codes: Characteristic |  |
| Entity Type Codes: Special Interest |  |

|  |
| --- |
| Characteristics Code |
| INDIVIDUAL | 10 |
| **GOVERNMENT &AFFILIATED ORGANIZATION** |
| FEDERAL | 21 |
| INTERSTATE | 22 |
| STATE | 23 |
| COUNTY | 24 |
| CITY | 25 |
| SPECIAL UNIT OF GOVERNMENT | 26 |
| AMERICAN INDIAN TRIBE | 28 |
| SPONSORED ORGANIZATION | 27 |
| OTHER (TOWNS, VILLAGES) | 28 |
| **NON-GOVERNMENT ORGANIZATION** |
| PUBLIC NON-PROFIT | 41 |
| PRIVATE NON-PROFIT . | 42 |
| PRIVATE PROFIT (LARGE BUSINESS) | 43 |
| PRIVATE PROFIT (SMALL BUSINESS) | 44 |
| **OTHER ORGANIZATION** |
| FOREIGN NON-PROFIT | 61 |
| FOREIGN PROFIT | 62 |
| INTERNATIONAL (U.S. & FOREIGN, OR 2 OR MORE FOREIGN ORGs) | 63 |

| Special Interest Code |
| --- |
| **EDUCATIONAL ENTITY** |
| EDUCATIONAL DEPARTMENT | 11 |
| ELEMENTARY & SECONDARY SCHOOL | 12 |
| JR COLLEGE, COLLEGE & UNIVERSITY | 13 |
| LIBRARY & MUSEUM | 14 |
| RESEARCH INSTITUTION, FOUNDATION & LABORATORY | 15 |
| SCHOOL BOARD & SCHOOL DISTRICT | 16 |
| STUDENT | 17 |
| VOCATIONAL & TRAINING SCHOOL | 18 |
| OTHER EDUCATIONAL ORGANIZATION | 19 |
| **HEALTH ENTITY** |
| ENVIRONMENTAL ORGANIZATION | 31 |
| HEALTH DEPARTMENT | 32 |
| HOSPITAL | 33 |
| MEDICAL DOCTOR | 34 |
| NURSING HOME OR OTHER DOMICILE CARE FACILITY | 35 |
| OTHER HEALTH ORGANIZATION | 36 |
| **SOCIAL SERVICES ENTITY** |
| COMMUNITY ACTION ORGANIZATION | 51 |
| LAW ENFORCEMENT AGENCY ( INCL. CRIMINAL REHAB) | 52 |
| REHABILITATION ORGANIZATION (OTHERTHAN CRIMINAL) | 53 |
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| **OTHER SPECIAL SERVICES ENTITY** |
| CONSULTANT | 71 |
| FINANCIAL INSTITUTION | 72 |
| INDIAN TRIBAL COUNCIL | 73 |
| INTERMEDIARY ORGAINIZATION (INSURANCE, ETC) | 74 |
| PLANNING &ADMINISTRATIVE ORGANIZATION . | 75 |
| SUPPLIER ORG (SERVICE, SUPPLIES, MATERIAL & EQUIP) | 76 |
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