

SUBRECIPIENT PROFILE
(Formerly Form E-1(d))

Recipient Number: _____

Recipient Name: _____

1. Please submit this form for each subgrant agreement.

Subgrant Name: _____

Mailing
Address:

(Street or PO Box) (City) (ST) (Zip)

Program Director: _____ Phone _____

2. List all counties (or other geographical units as applicable) served by this subrecipient:

3. Amount	Term (Mo/Yr)	Purpose	Type of LSC Grant
\$ _____	_____ to _____	_____	_____

4. Has this subrecipient's 1999 LSC fund balance been included in the Recipient's 1999 fund balance? Yes
 No Not LSC-funded
If answer is no, indicate the amount of LSC fund balance omitted. \$ _____

5. Total number of cases closed by this subrecipient for the most recent four quarters available (specify dates _____):

LSC Funded: _____ Non-LSC Funded: _____

6. If this is a renewal of a subgrant currently in existence, indicate the total number of cases closed during the four quarters preceding those listed above.

LSC Funded: _____ Non-LSC Funded: _____

7. Check the items which best describe the procedure(s) used by the program to monitor and evaluate the work and activities of this subrecipient:

On-Site Visit Financial Report Reviewed: Monthly Quarterly
 Review of Legal Work Monthly or Quarterly Progress Report
 Monitor Case Statistics Other (Specify): _____

IF ADDITIONAL SPACE IS NEEDED, PLEASE PHOTOCOPY THIS FORM