

# Grantee Contact

Please complete the following information to allow us to communicate with the appropriate team members from your district/organization.

Name of District/Organization \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Main Office Phone \_\_\_\_\_

Site/Service Location Information, **if different than above**

Site/Service Location Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Grade Levels Served \_\_\_\_\_ Days and Hours of Operation \_\_\_\_\_

Estimated Program Start Date \_\_\_\_\_

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Superintendent/Executive Director \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Grant Lead/Program Director \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Lead or Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Claims/Financial Contact \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

