

Grantee Information Form

Organization	This is the information that will appear in your grant agreement.	
	Federal Tax ID #	_____
	Name	_____
	Mailing Address	_____
	Street Address (If Different)	_____
	County	_____
	Phone _____ Fax _____	
Website	_____	
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.	
	Name	_____
	Title	_____
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone _____ Fax _____	
Email	_____	
Project Director	The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
	Name	_____
	Title	_____
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone _____ Fax _____	
Email	_____	
Funding	These are the annual Funding amounts your LHJ will accept for grant purposes.	
	Year 1 (FY 17/18)	\$ _____
	Year 2 (FY 18/19)	\$ _____
	Year 3 (FY 19/20)	\$ _____
	Year 4 (FY 20/21)	\$ _____
	Year 5 (FY 21/22)	\$ _____