## **Grantee Information Form**

Organization	This is the information that will appear in your grant agreement.		
	Federal Tax ID #  Name  Mailing Address  Street Address (If Diffe	erent)	
ő	County		
	Phone	Fax	
	Website		
Grant Signatory	The <i>Grant Signatory</i> 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 $\Box$		
	Mailing Address		
	Street Address (If Diffe	erent)	
	Phone	Fax	
	Email		
	The <b>Project Director</b> 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.		
L		of program information.	
ector		of program information.	
Director	proper dissemination of	of program information.	
ject Director	Name Title  If address(es) are the	e same as the organization above, just check this box and go to Phone	
Project Director	Name Title  If address(es) are the Mailing Address	e same as the organization above, just check this box and go to Phone	
Project Director	Name Title  If address(es) are the	e same as the organization above, just check this box and go to Phone	
Project Director	Name Title  If address(es) are the Mailing Address	e same as the organization above, just check this box and go to Phone	
Project Director	Name Title If address(es) are the Mailing Address (If Diffe	e same as the organization above, just check this box and go to Phone  erent)	
Project Director	Name Title If address(es) are the Mailing Address (If Different Phone Email	e same as the organization above, just check this box and go to Phone  erent)	
Project Director	Name Title If address(es) are the Mailing Address (If Different Phone Email	e same as the organization above, just check this box and go to Phone  erent)  Fax	
_	Name Title  If address(es) are the Mailing Address (If Differ Phone Email  These are the annual	e same as the organization above, just check this box and go to Phone  erent)  Fax  Funding amounts your LHJ will accept for grant purposes.	
_	Name Title  If address(es) are the Mailing Address (If Differ Phone Email  These are the annual Year 1 (FY 17/18)	e same as the organization above, just check this box and go to Phone  erent)  Fax  Funding amounts your LHJ will accept for grant purposes.	
Funding Project Director	Proper dissemination of Name Title  If address(es) are the Mailing Address Street Address (If Different Phone Email  These are the annual Year 1 (FY 17/18) Year 2 (FY 18/19)	e same as the organization above, just check this box and go to Phone  erent)  Fax  Funding amounts your LHJ will accept for grant purposes.	