

FORM B-1: Authorized Officials - Governmental Entity

**Legal Business Name of
Respondent:** _____

Include the names, titles, phone numbers, fax numbers, email addresses and mailing addresses for the officials who are authorized to enter into a Grant Agreement on behalf of the Respondent.

Full Name (last, first, middle): _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Full Name (last, first, middle): _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Full Name (last, first, middle): _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Full Name (last, first, middle): _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____
Full Name (last, first, middle): _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____ _____