**FORM B-1,**

**GOVERNMENTAL ENTITY**

**Authorized Officials and Other Key Personnel**

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| **Legal Business Name of Applicant:** |  |

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a Grant Agreement on behalf of the Applicant and other key personnel who will provide services and supports (including but not limited to clinical service providers, patient navigators, promotion and outreach specialists, eligibility support specialists, etc.).

**Officials Authorized to Enter into a Grant Agreement on Behalf of the Applicant**

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**Other Key Personnel Providing Services and Supports** (including but not limited to clinical service providers, patient navigators, promotion and outreach specialists, eligibility support specialists, etc.)

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