**FORM B-2**

**NON-PROFIT OR FOR-PROFIT ENTITY  
Board of Directors, Principal Officers, and Other Key Personnel**

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

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.). In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock. Include other key personnel who will provide services and supports (including but not limited to clinical service providers, patient navigators, promotion and outreach specialists, eligibility specialists, etc.).

**Board of Directors or any Other Principal Officers**

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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 specialists, etc.)

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