Form B-1, Governmental Entity – Authorized Officials  
HHS0015314 RFA Epilepsy Grant Program

**Form B-1, Governmental Entity – Authorized Officials**

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| **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 contract on behalf of the Respondent.

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