Form B-2, Non-Profit Entity – Authorized Officials  
HHS0015314 RFA Epilepsy Grant Program

**Form B-2, Non-Profit Entity – Authorized Officials  
Board of Directors, Principal Officers, and Stockholders**

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| **Legal Business Name of Respondent:** |  |

Include the names, addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each (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.

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| **Name (last, first, middle):** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title/Office Held:** |  | |  |  |  |
| **Phone:** |  | Ext. |  |  |  |
| **Occupation:** |  | |  |  |  |
| **E-mail:** |  | |  |  |  |
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Form B-2, Non-Profit Entity – Authorized Officials  
HHS0015314 RFA Epilepsy Grant Program

**Board of Directors and Principal Officers (cont.)**

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| **Name (last, first, middle):** |  | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
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| **Fax:** |  | |  |  |  |
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