**FORM B-2**

**NON-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.). 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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