Form B – Administrative Information

RFA HHS0015435 – Specialized Telecommunications Assistance Program

(STAP) Outreach and Training Services

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

1. This form provides information about the appropriate contacts in the Applicant’s organization.
2. Mark N/A if a contact does not apply to your organization.
3. ALL phone numbers must be a direct line to the designated individual.
4. If any of the following information changes during the term of the contract (if applicable), you must send written notification to HHSC.

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| **Contacts** | |
| *Executive Director* | *Program Director* |
| Last Name: | Last Name: |
| First Name: | First Name: |
| Salutation: | Salutation: |
| Title: | Title: |
| Email: | Email: |
| Phone: | Phone: |
| *Financial Director* | *Other (Please Specify)* |
| Last Name: | Last Name: |
| First Name: | First Name: |
| Salutation: | Salutation: |
| Title: | Title: |
| Email: | Email: |
| Phone: | Phone: |
| *Other (Please Specify) Other (Please Specify)* | |
| Last Name: | Last Name: |
| First Name: | First Name: |
| Salutation: | Salutation: |
| Title: | Title: |
| Email: | Email: |
| Phone: | Phone: |