**Form B**

**Governmental Entity – Authorized Officials**

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

Include the full names (last, first, middle), titles, telephone numbers, email addresses, and mailing addresses for the officials who are authorized to enter into a Grant Agreement on behalf of the Applicant.

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| **Name:** |  | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
| **Title:** |  | | |  |  |  |
| **Phone:** |  | | Ext. |  |  |  |
| **Email:** |  | | |  |  |  |
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| **Name:** |  | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
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| **Name**: |  | | |  | **Mailing Address (incl. street, city, county, state, & zip):** | |
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| **Title:** |  | | |  |  |  |
| **Phone:** |  | Ext. | |  |  |  |
| **Email:** |  | | |  |  |  |
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