**FORM B**

**CONTACT PERSON INFORMATION**

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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 agency.

3. ALL phone numbers should be a direct line to the designated individual

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| **Contacts** | | | | | | |
|  | | | | | | |
| **Billing Contact** | | | | **Executive Director** | | |
| Last Name: | |  | | Last Name: |  | |
| First Name: | |  | | First Name: |  | |
| Salutation: | |  | | Salutation: |  | |
| Title: | |  | | Title: |  | |
| Email: | |  | | Email: |  | |
| Phone: | |  | | Phone: |  | |
|  | | | | | | |
|  | | | | | | |
| **Finance Director** | | | | **Program Director/Primary Contact** | | |
| Last Name: | |  | | Last Name: |  | |
| First Name: | |  | | First Name: |  | |
| Salutation: | |  | | Salutation: |  | |
| Title: | |  | | Title: |  | |
| Email: | |  | | Email: |  | |
| Phone: | |  | | Phone: |  | |