**FORM B-1**

**GOVERNMENTAL ENTITY**

**Authorized Officials and Other Key Personnel**

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

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a Grant Agreement on behalf of the Respondent and other key personnel who will provide services and supports (including but not limited to clinical service providers, drivers, patient navigators, etc.).

**Officials Authorized to Enter into a Grant Agreement on Behalf of the Respondent**

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**Other Key Personnel Providing Services and Supports** (including but not limited to clinical service providers, drivers, patient navigators, etc.)

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