|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | |  |
| **Organization** | This is the information that will appear in your grant agreement. | | | | | | |  |
| Federal Tax ID # |  | | | |  | | |
| Name |  | | | | | |  |
| Mailing Address |  | | | | | |  |
| Street Address (If Different) | | | |  | | |  |
| County |  | | | |  |  |  |
| Phone |  | | | | Fax |  |  |
| Website |  | | | | |  |  |
|  |  | | | |  |  |  |
| **Grant Signatory** | The ***Grant Signatory*** has authority to sign the grant agreement cover. | | | | | | |  |
| Name |  | | | | | |  |
| Title |  | | | | | |  |
| ***If address(es) are the same as the organization above, check this box and go to Phone*** | | | | | | |  |
| Mailing Address |  | | | | | |  |
| Street Address (If Different) | | | |  | | |  |
| Phone |  | | | |  |  |  |
| Email |  | | | | |  |  |
|  |  | | | |  |  |  |
| **Project Director** | The ***Project Director*** is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, receive all programmatic, budgetary, and accounting mail for the project and be responsible for the proper dissemination of program information. | | | | | | |  |
| Name |  | | | | | |  |
| Title |  | | | | | |  |
| ***If address(es) are the same as the organization above, check this box and go to Phone*** | | | | | | |  |
| Mailing Address |  | | | | | |  |
| Street Address (If Different) | | | |  | | |  |
| Phone |  | | | | Fax |  |  |
| Email |  | | | | |  |  |
|  |  | | | |  |  |  |
| **Funding** | These are the annual **Funding** amounts your LHJ will accept for grant purposes. | | | | | | |  |
| Total Funding Requested | | $ | | | | | |