

**MATERNAL, CHILD & ADOLESCENT HEALTH DIVISION  
AGENCY INFORMATION FORM (AIF)**

<input type="checkbox"/> <b>Annual</b>	<b>FY:</b>	<b>Program: IE</b>	<b>Contract #</b>
<input type="checkbox"/> <b>Change</b>	<b>Check information changes below:</b>	<b>Effective Date:</b>	
<b>Official Agency Name and Address</b>			
Agency Name:			
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Fax:
Counties Served:			
<b>Executive Director:</b> <i>(authorized to sign grant agreements)</i> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	E-mail:	Authorizing Signature:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Cell (Optional): Fax:
<b>Project Director:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name:	<input type="checkbox"/> Project Contact Person	
<input type="checkbox"/>	E-mail:	Authorizing Signature:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Cell (Optional): Fax:
<b>Project Coordinator:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name:	<input type="checkbox"/> Project Contact Person	
<input type="checkbox"/>	E-mail:	Authorizing Signature:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Cell (Optional): Fax:
<b>Fiscal Officer:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	E-mail:	Authorizing Signature:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Cell (Optional): Fax:
<b>Fiscal Contact:</b> <input type="checkbox"/> <b>Authorized to sign Budget &amp; Invoices</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	E-mail:	Authorizing Signature:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:		Zip:
<input type="checkbox"/>	Phone:	Extension:	Cell (Optional): Fax:

**Names To Be Removed**

Name:	Title:	E-mail:
Name:	Title:	E-mail:

**Annual Update:** Annual update must be e-mailed to the Program Consultant and Contract Manager at the beginning of each fiscal year. Signature of persons authorized to sign budget and invoices and Invoice Cover Letter is only required on faxed copy.

**Change:** Agency information changes must be noted on this form and immediately faxed or e-mailed to the Program Consultant and Contract Manager. Check box (es) to indicate agency information changes, since last submission.

**Project Contact Person:** Please identify only one Project Contact Person per agency, responsible for on-going communication with the Program Consultant and Contract Manager.

**Additional Staff Form (ASF):** For additional staff not listed on AIF.

**MATERNAL, CHILD & ADOLESCENT HEALTH DIVISION  
ADDITIONAL STAFF FORM (ASF)**

**This form to be used only for additional staff on the grantee's budget (not listed on the Agency Information Form (AIF)).**

<input type="checkbox"/> <b>Annual</b>	<b>FY:</b>	<b>Program: IE</b>	<b>Contract #</b>
<input type="checkbox"/> <b>Change</b>	<b>Check information changes below:</b>	<b>Effective Date:</b>	
<b>Official Agency Name</b>			
Agency Name:			
<b>Staff Name and Address</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	Title:	E-mail:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	Zip:	
<input type="checkbox"/>	Phone:	Extension:	Fax:
<b>Staff</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	Title:	E-mail:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	Zip:	
<input type="checkbox"/>	Phone:	Extension:	Fax:
<b>Staff Name and Address</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	Title:	E-mail:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	Zip:	
<input type="checkbox"/>	Phone:	Extension:	Fax:
<b>Staff Name and Address</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	Title:	E-mail:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	Zip:	
<input type="checkbox"/>	Phone:	Extension:	Fax:
<b>Staff Name and Address</b>			
<input type="checkbox"/>	Name:		
<input type="checkbox"/>	Title:	E-mail:	
<input type="checkbox"/>	Address:		
<input type="checkbox"/>	City:	Zip:	
<input type="checkbox"/>	Phone:	Extension:	Fax:

**CDPH:** Please check box for each staff member who would like to be on the CDPH ASF.

**Annual Update:** Annual update must be faxed and e-mailed to the Program Consultant and Contract Manager at the beginning of each fiscal year. This form is only required if the grantee has additional staff on the budget (not listed on the AIF).

**Change:** Staffing information changes must be noted on this form and immediately faxed and e-mailed to the Program Consultant and Contract Manager. Check box (es) in first column to indicate changes, since last submission.

**Names to be Removed from CDPH ASF:** Please include names of staff no longer working on this grant.