

Nutrition Education and Obesity Prevention Branch Grantee Information Form

	This is the information that will appear on your grant agreement cover.
Organization	Federal Tax ID # _____ Contract/Grant# _____ Name _____ Mailing Address _____ Street Address (If Different) _____ County _____ Phone _____ Fax _____ Website _____
	The Grant Signatory has authority to sign the grant agreement cover.
Grant Signatory	Name _____ Title _____ <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input checked="" type="checkbox"/> Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax- _____ Email _____
	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 State <i>Network</i> staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.
Project Director	Name _____ Title _____ <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/> Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____

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Payment Receiver	All payments are sent to the attention of this person at the designated address.	
	Name	_____
	Title	_____
	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone _____	Fax _____
Email	_____	
Fiscal Reporter	The Fiscal Reporter prepares invoices, maintains fiscal documentation and serves as the primary contact for all related questions.	
	Name	_____
	Title	_____
	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone _____	Fax _____
Email	_____	
Fiscal Signatory	The Fiscal Signatory has signature authority for invoices and all fiscal documentation reports.	
	Name	_____
	Title	_____
	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone _____	Fax _____
Email	_____	
Districts	List the all numbers that your organization is under.	
		Number
	Assembly	_____
	Senate	_____
Congressional	_____	