

**STD CONTROL BRANCH
LOCAL HEALTH JURISDICTION CONTACT INFORMATION**

ORGANIZATION INFORMATION

This is the information that will appear on your grant cover and other grant documents.

Federal Tax Identification Number _____

Local Health Jurisdiction Name _____

Mailing Address _____

Street Address (If Different) _____

County _____

GRANT SIGNATORY

The Grant Signatory is the individual who has the authority to sign the grant cover page (CDPH 1229).

Name _____

Title _____

Mailing Address _____

Street Address (If Different) _____

Telephone Number _____

Fax Number _____

Email _____

PROJECT REPRESENTATIVE

The Project Representative is the individual who is responsible for the oversight of the grant.

Name _____

Title _____

Mailing Address _____

Street Address (If Different) _____

Telephone Number _____ Fax Number _____

Email _____

PRIMARY CONTACT

The Primary Contact is the individual who is responsible for the day-to-day activities of the project and for ensuring compliance with the grant terms, Scope of Work activities, and deliverables.

Name _____

Title _____

Mailing Address _____

Street Address (If Different) _____

Telephone Number _____ Fax Number _____

Email _____

FISCAL REPRESENTATIVE

The Fiscal Representative is the individual who is responsible for submitting invoices and receiving the invoice payments. The mailing address is where the payments should be mailed.

Name _____

Title _____

Mailing Address _____

Street Address (If Different) _____

Telephone Number _____ Fax Number _____

Email _____

PURCHASE REPRESENTATIVE

The Purchase Representative is the individual who is responsible for providing input on the supplies the STD Control Branch will be making on the local health jurisdiction's behalf.

Name

Title

Mailing Address

Street Address (If Different)

Telephone Number

Fax Number

Email
