ATTACHMENT 3

ELIGIBLE ENTITY INFORMATION SHEET

Contractor Name

ELIGIBLE ENTITY Director (with Authority to Commit Agency to an Agreement & Sign Contract)

Name

Title

E-Mail Address:

Mailing Address:

City: Zip Code:

Telephone: Fax:

ELIGIBLE ENTITY Fiscal Officer (Fiscal Agent)

Name

Title

E-Mail Address:

Mailing Address:

City: Zip Code:

Telephone: Fax:

Project Director or Contact Person (if different than above Director)

Name

Title

E-Mail Address:

Mailing Address:

City: Zip Code:

Telephone: Fax:

Notify the Office of AIDS of any changes to this information.