

Substance and Addiction Prevention Branch (SAPB)
Grantee Information Form

Complete all 7 sections below and submit this document with your application.

1. Organization

This information will appear on your grant agreement cover and should match the legal name and address on your IRS documents.

Federal Tax ID: _____ Grant #: _____

Name: _____

Mailing Address: _____

Street Address (if different): _____

County: _____

Phone #: _____ Fax #: _____

Website: _____

2. Grant Signatory

The **Grant Signatory** has authority to sign the grant agreement cover.

Name: _____

Title: _____

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: _____

Street Address (if different): _____

Phone #: _____ Fax #: _____

Email: _____

3. Project Director

The ***Project Director*** is responsible for the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with SAPB staff, will receive all programmatic, budgetary, and accounting information for the project, and will be responsible for the proper dissemination of program information.

Name: _____

Title: _____

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: _____

Street Address (if different): _____

Phone #: _____ Fax #: _____

Email: _____

4. Payment Receiver

All payments are sent to the attention of the ***Payment Receiver*** at the designated address.

Name: _____

Title: _____

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: _____

Street Address (if different): _____

Phone #: _____ Fax #: _____

Email: _____

5. Fiscal Reporter

The ***Fiscal Reporter*** prepares invoices, maintains fiscal documentation, and serves as the primary contact for all fiscal related questions.

Name: _____

Title: _____

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: _____

Street Address (if different): _____

Phone #: _____ Fax #: _____

Email: _____

6. Fiscal Signatory

The ***Fiscal Signatory*** has signature authority for invoices and all fiscal documentation reports.

Name: _____

Title: _____

If address(es) are the same as Organization above, check this box & skip to Phone #

Mailing Address: _____

Street Address (if different): _____

Phone #: _____ Fax #: _____

Email: _____

7. Funding Amount Requested

List the ***amount of funding*** your organization is requesting on this grant application.

Year 1 \$ _____

Year 2 \$ _____

Year 3 \$ _____

Total \$ _____