



CSP POINT OF CONTACT

Organization Name: _____

INSTRUCTIONS: Please identify the contact person in your agency for each of the three sections below. Please print clearly and provide as much information as possible. An individual may serve multiple contact roles.

AGREEMENT SIGNATORY

The Agreement Signatory is the Executive Director, CEO, or other high-ranking officer of the organization. All correspondences regarding CSP Grant award, renewal, or termination of the Agreement will be sent to this person. This individual has the authority to sign the Agreement and all amendments. The Agreement and amendments will be sent to this person's attention.

Prefix	First Name	Last Name	Suffix
Title		Email Address	
Primary Phone Number	Extension	Secondary Phone Number	Extension
Address	City, ST	Zip Code	

FISCAL CONTACT

The Fiscal Contact is the principal regarding fiscal matters for the CSP Grant and serves as the contact person for the Budget Expenditure Report, Financial Report, and Budget Modifications.

Prefix	First Name	Last Name	Suffix
Title		Email Address	
Primary Phone Number	Extension	Secondary Phone Number	Extension
Address	City, ST	Zip Code	

GRANT CONTACT

The Grant Contact is the day-to-day contact regarding all other matters for the CSP Grant and serves as the contact person for the CSP Grant Report and Monitoring. This individual will be copied on all correspondences regarding the Agreement and amendments.

Prefix	First Name	Last Name	Suffix
Title		Email Address	
Primary Phone Number	Extension	Secondary Phone Number	Extension
Address	City, ST	Zip Code	