**NEW YORK STATE OFFICE FOR THE AGING**

**CONTACT INFORMATION FORM**

**Grant-in-Aid Program**

|  |  |
| --- | --- |
| Contract Period: Contractor Name:  | From: \_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: | (as shown on Certificate of Incorporation) |

 (please provide the address of office responsible for contract administration)

|  |  |
| --- | --- |
| Program Name: |  |
| Program Address: |  |

1) Contact Person for official correspondence (e.g., Executive Director, CEO):

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title:  |  |
| Address: |  |
| Phone: | ( ) | Email: |  |

2) Primary Contact Person for Program Questions:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title:  |  |
| Address: |  |
| Phone: | ( ) | Email: |  |

3) Alternate Contact Person for Program Questions, if applicable:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title:  |  |
| Address: |  |
| Phone: | ( ) | Email: |  |

4) Contact Person for Contracting/Fiscal Questions:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title:  |  |
| Address: |  |
| Phone: | ( ) | Email: |  |