

**NEW YORK STATE OFFICE FOR THE AGING  
CONTACT INFORMATION FORM  
Grant-in-Aid Program**

Contract Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
(as shown on Certificate of Incorporation)

Address: \_\_\_\_\_  
(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: \_\_\_\_\_