Project Name:

Grantee Name:

SCRC Grant Award #:

List all individuals from your projects who are responsible for any programmatic and/or financial aspects of your grant project. Also include contact information for your project partner. Please ensure that this information coincides with the resumes that you will upload with your application. This information is crucial for understanding the effective management of your project with the CANS grant**.**

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| --- | --- | --- | --- |
| **Name** | **Title** | **Responsibility** | **Project or Partner** |
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If more space is needed, attach a separate piece of paper listing each point of contact.

Signature of Authorized Official

Printed Name of Authorized Official Date