**HOME-ARP**

**RECIPIENT INFORMATION SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This information is provided to the Nebraska Department of Economic Development to be used in updating mailing lists necessary for distributing HOME-ARP Information. | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | |  | |  |  |
| HOME-ARP Award Number: | | | | |  | | | | | | | | | Federal Tax ID number: | |  |  |
|  | | | | |  | | | | | | | | | |  |  |  |
| Recipient: | |  | | | | | | | | | | | | | DUNS No: |  |  |
|  | |  | | | | | | | | | | | | | | |  |
| Recipient Fiscal Year-End: | | | |  | | **/** |  | | | | (Month/Day) | | | | | |  |
|  | | | |  | |  |  | | | |  | | | | | |  |
| Mailing Address: | | |  | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | |  |
| Chief Elected Official Executive Director’s Name: | | | | | | | | | |  | | | | | | |  |
|  | | | | | | | | | |  | |  |  | | | |  |
| Title: |  | | | | | | | Email: |  | | | | | | | |  |
|  | | | | | | | |  |  | | | | | | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Recipient Contact**  List below the person that will serve as the day-to-day contact for the award. | | | | | | | |
|  | | | | | | |  |
| Contact Person/Title: | | |  | | | |  |
|  | | |  | | | |  |
| Address (if different than above): | | | |  | | |  |
|  |  | | | |  |  |  |
| Phone Number: | |  | | | Fax Number: |  |  |
|  | |  | | |  |  |  |
| Email Address: |  | | | | | |  |
|  |  | | | | | |  |
| Check here if this person will be the Administrator | | | | | | |  |
|  | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Limited English Proficiency (LEP)** | | | | | | |
| Same as Local Contact | | | | | | |
| Name: |  | Email: |  | Phone: |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Fair Housing Representative** | | | | | | |
| Same as Local Contact | | | | | | |
| Name: |  | Email: |  | Phone: |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 504 Coordinator** Employs 15 or more persons Yes No (if Yes, complete the information below) | | | | | | |
| Same as Local Contact | | | | | | |
| Name: |  | Email: |  | Phone: |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Administrator**  If the Administrator is not the Recipient Contact, provide the following information. If the funded organization has hired or intends to hire a for-profit or nonprofit firm to administer the awarded project, provide the following information: | | |  | **Other person(s) to receive copies of all correspondence.** | | |
|  | | |  |  | | |
| Firm: | | |  | Firm: | | |
|  | | |  |  | | |
| Name of Recipient Administrator | | |  | Primary Contact | | |
|  | | |  |  | | |
| Address | | |  | Address | | |
|  |  |  |  |  |  |  |
| City | State | Postal Code |  | City | State | Postal Code |
|  |  | |  |  |  | |
| Phone Number | Fax Number | |  | Phone Number | Fax Number | |
|  | | |  |  | | |
| Email | | |  | Email | | |
|  | | |  |  | | |

ADDITIONAL CONTACTS: If you want other persons to receive correspondence, please attach listing of names, titles, mailing addresses, and email address.