**HOME/HTF GRANTEE INFORMATION SHEET**

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

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| **Grantee Contact**List below the person from the grantee 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 |  |
|  |  |

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

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

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

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| **Administrator**If the Administrator is not the Grantee Contact, provide the following information. If the funded organization has hired or intends to hire a for-profit or not-for-profit firm to administer the awarded project, provide the following information: |  | **Other person(s) to receive copies of all correspondence.** |
|  |  |  |
| Firm: |  | Firm: |
|  |  |  |
| Name of Grant 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.