California Department of Public Health
CalFresh Healthy Living
Grantee Information Form

Organization	This is the information that will appear on your grant agreement cover.
	Federal Tax ID #_____ Contract/Grant #_____ Name _____ Mailing Address _____ Street Address (If Different) _____ County _____ Phone _____ Fax _____ Website _____
Grant Signatory	The ***Grant Signatory*** has authority to sign the grant agreement cover.
	Name _____ Title _____ ***If address is the same as above, check this box*** ☐ Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____
Project Director	The ***Project Director*** is responsible for the day-to-day activities of project implementation and seeing that all grant requirements are met. This person will be in contact with State CFHL staff, will receive all programmatic and budgetary information for the project, and will be responsible for the proper dissemination of program information.
	Name _____ Title _____ ***If address is the same as above, check this box*** ☐ Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____

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Fiscal Contact	The ***Fiscal Contact*** prepares invoices, maintains fiscal documentation, serves as the primary contact for all related questions, and has signature authority for invoices and all fiscal documentation. All payments are sent to the attention of this person at the designated address.
	Name _____ Title _____ ***If address is the same as above, check this box*** ☐ Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____
Other Contact	Contact description:
	Name _____ Title _____ ***If address is the same as above, check this box*** ☐ Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____