

# CONTACT PAGE

TO BE COMPLETED BY CCCC

Grant Agreement No.: \_\_\_\_\_

Proposal ID No.: \_\_\_\_\_

Funding Status: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

Funding Source(s): \_\_\_\_\_

Project Title: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip + 4: \_\_\_\_\_ -

## District Superintendent/President (or authorized Designee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## College President (or authorized Designee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Responsible Administrator (Appropriate Program Area)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Project Director

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Business Officer (or authorized Designee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## OR Person Responsible for Budget Certification

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Academic Senate (or authorized Designee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_