

**FY2022 Community Wellness Continuation Funding  
Notice Appendix 2  
Program Contact Information Form**

<b>Agency Name:</b>		FEIN:	
Address:	City:	State:	Zip:
24 Hour Hotline:		Agency Website:	

<b>Executive Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Program Director:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Additional Program Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Site Supervisor:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Fiscal Contact:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		

<b>Data System Administrator:</b>				
Address:		City:	State:	Zip:
Phone/Cell:	Fax:	Email:		