



**FY 2023 REIMAGINE VIOLENCE PREVENTION SERVICES - RVPS NOFO
APPLICATION APPENDIX G - PROGRAM CONTACT INFORMATION FORM**

Complete one copy of this form for the applicant organization and one copy for each sub-grantee organization as appropriate.

Indicate if this is: applicant organization subgrantee organization

Indicate the type(s) of Violence Prevention Services this organization will provide: (Check all that apply)

Street Outreach Case Management Victim Advocacy Other Specify:

Agency Name: _____ **FEIN:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

24 Hour Hotline: _____ **Agency Website:** _____

Executive Director:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

Program Director:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

Fiscal Contact:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

Street Outreach Primary Contact:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

Case Management Primary Contact:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____

Victim Advocacy Contact:

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone/Cell: _____ **Email:** _____