

Afterschool Programs

CONTACT INFORMATION SHEET

This individual will be listed as the *primary* grant contact person for the grant award period. By submitting this form, the grant contact person understands and agrees to all of the following:

1. All requests for information or questions from the state agency concerning the approved grant will be directed to this individual;
2. This individual (at a minimum) is required to read the DESE Portal for Afterschool Programs no less than once per week for any announcements, updates, changes, or other pertinent information regarding the awarded grant from the state agency;
3. This individual is responsible for informing all program staff of appropriate grant information received directly from the state agency and/or posted on the DESE Portal for Afterschool Programs; and,
4. If any information on this form changes at any time, programs must resubmit this form immediately and as often as necessary.

Complete all information below. Please print or type.

Grantee Name: _____
 (This should be the name of the district/agency that was awarded the grant.)

Cohort #: 1 2 3 4 5

Grant Type: SAC 21st CCLC

Name of Contact Person Being <i>Replaced</i> : _____	Effective Date of Contact Person Change: _____ / _____ / _____
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<i>New Contact Person:</i>	
First Name: _____	Last Name: _____
Title: _____	
Organization/Agency: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
Phone Number: (_____) _____	Fax Number: (_____) _____
Email Address: _____ <small>(Print email address clearly – be sure numbers do not resemble letters)</small>	
Signature of New Contact Person: _____ Date: _____	

FOR DEPARTMENT USE ONLY – DO NOT COMPLETE _____ Assigned Supervisor _____ Supervisor _____ Supervisor _____ DESE Portal _____ Main Database _____ Contact Document	PLEASE COMPLETE AND RETURN TO: Afterschool Program Supervisor Community Education Department of Elementary and Secondary Education P.O. Box 480 Jefferson City, MO 65102-0480 Phone: 573-751-0856 Fax: 573-526-4261
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