Project Name:

Grantee Name:

SCRC Grant Award #:

List the Authorizing Official as well as the two (2) individuals who are responsible for the programmatic and financial aspects of your project for the CANS grant. Please ensure the contact information is accurate and up to date. This information is crucial for the effective communication and management of your project under the CANS grant and through the SCRC Grant Portal**.**

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| --- | --- | --- | --- |
| **Authorizing Official** | **Title** | **Email Address** | **Phone Number** |
|  |  |  |  |
| **Additional Signatory Authority for Programmatic Responsibility** | **Title** | **Email Address** | **Phone Number** |
|  |  |  |  |
| **Additional Signatory Authority for Fiscal Responsibility** | **Title** | **Email Address** | **Phone Number** |
|  |  |  |  |

Signature of Authorized Official

Printed Name of Authorized Official Date