**Attachment 11**

**Contact Sheet**

**Organization Contact**

|  |
| --- |
| LEGAL NAME – AS SHOWN ON FEDERAL INCOME TAX RETURN |

|  |  |
| --- | --- |
| BUSINESS NAME – IF DIFFERENT THAN ABOVE | FEDERAL EMPLOYER IDENTIFICATION NUMBER/SSN |
| MAILING ADDRESS | CITY, STATE, ZIP CODE |
| PHONE NUMBER | FAX NUMBER |

**Designated Representative Contact**

|  |  |
| --- | --- |
| NAME AND TITLE | |
| MAILING ADDRESS | CITY, STATE, ZIP CODE |
| EMAIL ADDRESS | PHONE NUMBER |