

State of Alaska
Department of Health and Social Service
Division of Senior and Disabilities Services
Senior Grants Unit- Title III of the OAA
Nutrition, Transportation & Support Services

Organization Contact Information

Organization _____

- 1) Please provide the name(s) of the individual(s) in your organization that the state should contact with program information, updates, etc. This individual will have the responsibility to disseminate information to the appropriate parties at the organization. An optional secondary contact may also be provided.

Primary Program Contact	Secondary Contact (optional)
Name	Name
Position	Position
Phone	Phone
Fax	Fax
Email	Email

- 2) Please provide the name(s) of individuals having signature authority for your organization.

Primary Signature Authority	Secondary Signature (optional)
Name	Name
Position	Position
Phone	Phone
Fax	Fax
Email	Email

- 3) Please provide the names and contact information for all individuals that will be using SAMS for your organization.

SAMS Users

Name
Phone
Email