**Information:**

*Vendor shall identify a primary contact person and provide contact information for all contract-related correspondence. Vendor shall also provide contact information for a fiscal agent contact responsible for billing and budget planning, as well as a backup contact person in the event the primary contact person is unavailable.*

|  |  |
| --- | --- |
| Local Public Health Unit or Tribal Entity: |  |
| Name of Primary Contact: |  |
| Title |  |
| E-mail |  |
| Phone Number |  |
| Name of Secondary Contact: |  |
| Title |  |
| E-mail |  |
| Phone Number |  |
| Name of Billing/Reimbursement Contact: |  |
| Title |  |
| E-mail |  |
| Phone Number |  |

**Questions:**

1. Describe your community’s readiness and capacity for successful implementation of this grant.

*What resources are available? What partnerships have been developed? What, if any, already existing prevention efforts are currently occurring?*

1. Describe any possible barriers to successful implementation of this grant.

*What are the gaps in resources, participation, available partnerships, readiness, etc?*

**Notice of Award:**

After the Invitation to Apply has been submitted and approved and a Notice of Award has been issued, you will be required to participate in an initial onboarding training.