



Health Resources & Services Administration

OMB No.: 0915-0285. Expiration Date: 1/31/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration Form 12: Organization Contacts	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: For satellite applicants, the system will pre-populate this form. Update as applicable.

*** Chief Executive Officer**

Position Title	
* Prefix	
* Name	
Suffix	
Highest Degree	
* Email	
* Phone Number	

*** Contact Person**

* Position Title	
Prefix	
* Name	
Suffix	
Highest Degree	
* Email	
* Phone Number	

*** Chief Medical Officer**

Position Title	
Prefix	
* Name	
Suffix	
Highest Degree	
* Email	
* Phone Number	



Dental Director	
Position Title	
Prefix	
* Name	
Suffix	
Highest Degree	
* Email	
* Phone Number	
Behavioral Health Director	
Position Title	
Prefix	
* Name	
Suffix	
Highest Degree	
* Email	
* Phone Number	

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-N39, Rockville, Maryland, 20857.

Instructions for Form 12: Organization Contacts

Data will pre-populate for satellite applicants to revise as necessary.

If you are a new start applicant, provide the requested contact information. For the Contact Person field, provide an individual who can represent the organization in communication regarding the application.