

**TO: Community Services Block Grant Directors
WOULD YOU PLEASE COMPLETE THIS FORM ASAP AND RETURN IT TO:**

**DHHS/ACF/OCS
Division of State Assistance/CSBG Branch
370 L'Enfant Plaza Promenade, S.W.
5th Floor, West Wing
Washington, D.C. 20447**

COMMUNITY SERVICES BLOCK GRANT PROGRAM

STATE

**INDIAN TRIBE OR STATE ORGANIZATION
NAME OF OFFICIAL TO RECEIVE CSBG GRANT AWARD:**

(Name & Title)

(Indian Tribe/State Agency)

(Mailing Address)

(City, State, Zip Code)

**(Area Code, Telephone Number - Fax Number - Email Address)
CONTACT PERSON FOR CSBG ISSUES:**

(Name, Title & Organization)

(Street Address)

(City, State, Zip Code)

**(Area Code, Telephone Number - Fax Number - Email Address)
CONTACT PERSON ON AUDIT ISSUES:**

(Name, Title & Telephone Number)

EIN NUMBER: _____

DATE: _____