

Recipient name	Federal Award Identifier
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Address

Days of operation	Hours of operation
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**See the Instructions and Definitions provided on the reverse.**

**Primary Contact Information**

Primary contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Primary Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  
 No

**Alternate Contact Information**

Alternate contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  
 No

**Authorized Organization Representative Information**

Authorized Organization Representative		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  
 No

**Federal Tax Matters Contact Information**

Federal Tax Matters contact name		Title	
Phone number	Extension	Cell phone number	Email address

**Financial/PMS Contact Information**

Financial/PMS contact name		Title	
Phone number	Extension	Cell phone number	Email address

**Other Contact Information**

Other contact name		Title	
Phone number	Extension	Cell phone number	Email address

May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program  Yes  
 No

<b>Other Contact Information</b>		Explain role:	
Other contact name		Title	
Phone number	Extension	Cell phone number	Email address
May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program			
			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Other Contact Information</b>		Explain role:	
Other contact name		Title	
Phone number	Extension	Cell phone number	Email address
May the IRS share the Alternate Contacts information with other grant recipients and non-grant recipients involved in the VITA or TCE program			
			<input type="checkbox"/> Yes <input type="checkbox"/> No

### Instructions and Definitions

Instructions: Please list those individuals that we may contact with questions concerning your grant. Refer to the following definitions. Designate only one primary contact. Designate at least one alternate contact. We are asked occasionally to share contact information with other grant recipients and non-grant recipients involved or interested in the VITA or TCE program. Please indicate whether we may share your information.

Definitions:

1. Primary—Manages the day-to-day operations of your organization's program and is responsible for ensuring its requirements are met.
2. Alternate—Knowledgeable of the grant and its requirements and assists or directs the primary contact.
3. Authorized Organization Representative—Authorized to act for the organization and to assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or grant awards.
4. Federal tax matters—Authorized to discuss your organization's federal tax matters with IRS. This individual is only contacted when questions arise concerning your organization's filing of its federal returns or paying of federal taxes, penalties or interest.
5. Financial/PMS—Responsible for the financial aspects of the grant. This includes responsibility for requesting disbursement and required reporting in the Payment Management System.
6. Other—Provides assistance in the absence of those designated a role or that share responsibility for a role. Please explain their role in the space provided.