**FY18 Substance Abuse Prevention Program Contact Information Form**

**Name of Agency (as it appears on your FY18 contract):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director/Authorized Program Representative**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |

**Chair of Board of Directors**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |

**Fiscal Contact**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |

**Program Contact**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Phone |  |
| Fax |  |

**Within 10 days of any changes in administrative and/or program staff, please update and submit the form to** **Shantel.high@illinois.gov** **.**