**FY17 Substance Abuse Prevention Program Contact Information Form**

**Name of Agency (as it appears on your FY17 contract):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Kimberly Fornero at** [**kim.fornero@illinois.gov**](mailto:kim.fornero@illinois.gov)**, Shantel High at** [**Shantel.high@illinois.gov**](mailto:Shantel.high@illinois.gov) **and your assigned CSSC.**