



Oakland Unite Violence Prevention Programs
Contact Sheet July 2019 - June 2020



Fiscal Agency: _____

Lead Agency: _____

Project Title: _____

SubGrantee(s):

Name of GRANT REPRESENTATIVE: _____

This individual must be an employee of the lead agency/fiscal agency that has the authority to negotiate scopes of work, budgets, and complete grant documents.

Title: _____ Phone: _____

Email: _____ Fax: _____

Mailing address: _____ Zip: _____

Name of PROGRAM CONTACT: _____

This individual should be able to answer any program specific questions.

Title: _____ Phone: _____

Email: _____ Fax: _____

Mailing address: _____ Zip: _____

*** Persons Authorized to pick-up reimbursement payments:**

These are the **ONLY** people authorized to pick up reimbursements. If they are unavailable to pick up reimbursements, they must email their grant monitor with the name and title of the person that will be coming to pick up reimbursement.

1. Name: _____ Title: _____

Email: _____ Phone: _____

2. Name: _____ Title: _____

Email: _____ Phone: _____

Please list all other program staff on the next page

PROGRAM STAFF:

These individuals also need to be notified regarding Oakland Unite updates and information. If you have more than ten individuals who should receive Oakland Unite updates. Please submit an excel spreadsheet with contact information.

Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
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Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	
Staff Member			
Name:		Title:	
Email:		Phone:	

If your agency or program undergoes any staff changes, please remember to RESUBMIT the contact sheet and fill in any information that has changed.