

**U.S. Department of Energy
WEATHERIZATION ASSISTANCE PROGRAM
SUBGRANTEE INFORMATION**

Grant #: _____ **Amendment:** _____ **State:** _____ **Program Year:** _____

Name: _____ *Contact: _____

Address: _____ *Phone: _____

_____ *Fax: _____

_____ *Email: _____

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| Tentative allocation: | |
| Planned units: | |
| Type of organization: | |

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| Counties served: |
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| Congressional Districts: |
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* These fields are optional.

Name: _____ *Contact: _____

Address: _____ *Phone: _____

_____ *Fax: _____

_____ *Email: _____

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| Tentative allocation: | |
| Planned units: | |
| Type of organization: | |

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| Counties served: |
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| Congressional Districts: |
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| Congressional Districts: |
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