

**SCP Grantee Clients List**

Please answer the following questions and fill in the requested information for each client. Return this form to JBS International, the research firm who is conducting the survey.

Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Grant Number: \_\_\_\_\_

SCP Project Director Contact Information:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

State where SCP program operates: \_\_\_\_\_

City where SCP program operates:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Total number of clients served by your program (all sites/stations): \_\_\_\_\_

