

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 12: ORGANIZATION CONTACTS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number
Chief Executive Officer		
Prefix		
Name		
Suffix		
Highest Degree		
Phone		
Email		
Contact Person		
Prefix		
Name		
Suffix		
Highest Degree		
Phone		
Email		
Medical Director		
Prefix		
Name		
Suffix		
Highest Degree		
Phone		
Email		
Dental Director		
Position Title		
Prefix		
Name		
Suffix		
Highest Degree		
Phone		
Email		

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.