

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 12: ORGANIZATION CONTACTS	FOR HRSA USE ONLY	
	Application Tracking Number	Grant Number

[Note: This form will pre-populate for competing continuation and competing supplement applicants.](#)

Chief Executive Officer

Position Title	
Prefix	
Name	
Suffix	
Highest Degree	
Email Phone	
Phone Number Email	

Contact Person

Position Title	
Prefix	
Name	
Suffix	
Highest Degree	
Email Phone	
Phone Number Email	

Clinical Director

Position Title	
Prefix	
Name	
Suffix	
Highest Degree	
Email Phone	
Phone Number Email	

Dental Director

Position Title	
Prefix	
Name	
Suffix	
Highest Degree	
Email Phone	
Phone Number 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 **10.5** 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 **14N-390-33**, Rockville, Maryland, 20857.