



**SECTION 1D – Contracting Entity (ATTACHMENT)**

**Section 1: Applicant Information**

**1A.** Enter the name of the State:

**1B.** Enter information below about the specific department, agency, authority, political subdivision of the State, or other organization that has been designated to implement the program(s) described in this application.

Organization Name:

**1D. Contracting Entity.** Complete this Section if the organization(s) or /entity(ies) administering one or more of the programs described in this application are different from applicant listed in Section 1B. Provide the information below for any additional organization/entity.

5. Name of Contracting Entity:

Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official:

Title:

Street Address:

City:

State:

Zip Code:

Enter contact person information below:

Name:

Title:

Email:

Phone:

6. Name of Contracting Entity:

Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official:

Title:

Street Address:

City:

State:

Zip Code:

Enter contact person information below:

Name:

Title:

Email:

Phone:

7. Name of Contracting Entity:

Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official:

Title:

Street Address:

City:

State:

Zip Code:



Enter contact person information below:

Name: Title:  
Email: Phone:

8. Name of Contracting Entity: Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official: Title:  
Street Address: City:  
State: Zip Code:

Enter contact person information below:

Name: Title:  
Email: Phone:

9. Name of Contracting Entity: Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official: Title:  
Street Address: City:  
State: Zip Code:

Enter contact person information below:

Name: Title:  
Email: Phone:

10. Name of Contracting Entity: Program Name:

Indicate (by checking the appropriate box below) if such entity is:

- Agency or Department of another State
- For-profit Entity Supervised by State
- Non-profit Entity Supervised by State

Name of Authorized Official: Title:  
Street Address: City:  
State: Zip Code:

Enter contact person information below:

Name: Title:  
Email: Phone: