**RECIPIENT CONTACT INFORMATION**

Name of Recipient

Street Address

State

City

Zip Code

Name of Individual Designated as contact for Civil Rights Compliance questions:

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number ( ) - | Email Address | |

Name of individual designated to assist with LEP individuals and individuals with disabilities:

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number ( ) - | Email Address | |

Name of Authorized Representative

|  |  |  |
| --- | --- | --- |
| Address | | Date Signed |
| Telephone Number  ( ) - | Email Address | |

**Instructions for completing Recipient Contact Information**

* + Fill in all the blanks on this form.
  + Some smaller entities may not have dedicated LEP/ADA Coordinators or Civil Rights Compliance Officers. The individuals designated above can be (but don’t have to be) same person (e.g., the Authorized Representative).