Grant Program Office
Primary Contact Form

TO BE COMPLETED BY GRANT RECIPIENT			
Recipient Name			
Grant Number		**Days/Hours of Operation**	
Primary Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Do you elect to share contact information with other grant recipients and non-grant recipients involved in the VITA or TCE program? **Yes ☐ No ☐**			
Alternate Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Do you elect to share contact information with other grant recipients and non-grant recipients involved in the VITA or TCE program? **Yes ☐ No ☐**			
Federal Tax Matters Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Financial/PMS Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
TO BE COMPLETED BY GRANT PROGRAM OFFICE			
SPEC Tax Consultant		**Area**	
Phone		**Territory**	
Email			
Grant Officer		**Available**	
Phone		**Backup Phone**	404.338.7894
Email		**Backup Email**	Grant.Program.Office@irs.gov
Comments/Additional Information:			