

GRANTEE INFORMATION FORM

PLEASE TYPE OR PRINT. RETURN THIS FORM TO THE NEBRASKA ENVIRONMENTAL TRUST OFFICE NO LATER THAN April 30, 2016.

Project Sponsor: _____

Project Name: _____

Application Number: _____

1. Legal Name and Address of the Grantee organization as it should appear on the contract:

NAME: _____

ADDRESS: _____

ORGANIZATION WEB PAGE ADDRESS: _____

2. Name and Contact information for the person authorized to sign the contract: (Director/Manager)

NAME: _____ TITLE: _____

DAYTIME PHONE: () _____ ALTERNATE PHONE: () _____

FAX: () _____ E-MAIL: _____

3. Name and Contact information for Grant Manager - the person who will file reports and be available to the Trust to provide information as needed.

NAME: _____ TITLE: _____

ADDRESS: _____

DAYTIME PHONE: () _____ ALTERNATE PHONE: () _____

FAX: () _____ E-MAIL: _____

Document Checklist: (Return these documents by April 30, 2016)

Grant Contract – completed, signed by authorized person. Keep one copy for your records.

ACH Form – completed and enclosed if necessary

Contract Budget Summary – completed and enclosed

Public Information Plan – completed and enclosed