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| **FFB Award Administration Contact Form**  **Electronic version can be found at** [**http://www.blindness.org/apply-for-funding**](http://www.blindness.org/apply-for-funding) | | | |
| **FIRST YEAR AWARDS: Please complete this form in its entirety**  **EXISTING AWARDS: Complete fields for any contact information that has changed in the last 12 months, or check the box indicating no contact information has changed**  **Return completed form to: grants@blindness.org** | | | |
| **FFB Award Number:** | | | |
| **Principal Investigator:** | | | |
| **Person completing this form:**       **Date completed:** | | | |
| **No information has changed for the contacts below.** | | | |
| **Grant Administrator to be Notified of Award** | | **Finance Administrator (for payment remittance)** | |
| **Same as:** Choose an item.**Administrator** | | **Same as:** Choose an item.**Administrator** | |
| **Name:** | | **Name:** | |
| **Title:** | | **Title:** | |
| **Address:** | | **Address:** | |
| **Ph:** | **Fx:** | **Ph:** | **Fx:** |
| **E-mail:** | | **E-Mail:** | |
| **Department Administrator (if applicable)** | | **Contract Administrator (Office of Sponsored Programs Contact)** | |
| **Same as:** Choose an item.**Administrator** | | **Same as:** Choose an item.**Administrator** | |
| **Name:** | | **Name:** | |
| **Title:** | | **Title:** | |
| **Address:** | | **Address:** | |
| **Ph:** | **Fx:** | **Ph:** | **Fx:** |
| **E-mail:** | | **E-Mail:** | |
| **Scientific Progress Report Reminders - Contact** | | **Financial Report Reminders - Contact** | |
| **Same as:** Choose an item.**Administrator** | | **Same as:** Choose an item.**Administrator** | |
| **Name:** | | **Name:** | |
| **Email:** | | **Email:** | |
| **Other Administrator/Contact for this award** | |  | |
| **Role:** | |
| **Name:** | |
| **Title:** | |
| **Address:** | |
| **Ph:** | **Fx:** |
| **E-mail:** | |
| **Comments:** | | | |