California Community Colleges Chancellor's Office				Date	e:	
		•		Distric	:t:	
$(\Omega N)^{2}$	TACT PA	1GF		Colleg	e:	
		IOL	Ag	reement	#:	
Program Title	:					
Program Institution	:					
Address	:	City:			State: CA Zip+4:	
<u>District</u> Superint	endent/President (or au	ıthorized Desigı	nee) (IF	authorize	ed designee, check box)	
Name:			Title:			
Phone/Ext:	Fax:		E-Mail	Address:		
District Chief Bus	siness Officer (or author	ized Designee)				
Name:			Title:			
Phone/Ext:	Fax:		E-Mai	l Address:	:	
Address:	,	City:	1		State: CA Zip+4	
College Superint	endent/President (or	authorized Desi	gnee) (I	F same as	s District CEO, check box & skip this conta	act) 🔼
Name:			Title:			
Phone/Ext:	Fax:		E-Ma	il Address	:	
College Chief Bus	siness Officer (or auth	orized Designee) (IF sam	ne as Disti	rict CBO, check box & skip this contact)	
Name:			Title:			
Phone/Ext:	Fax:		E-Ma	il Address	:	
Project Director			- 1			
Name:			Title:			
Phone/Ext:	Fax:		E-Ma	il Address		
Responsible Adn	ninistrator (appropriate	Program Area)	•			
Name:			Title:			
Phone/Ext:	Fax:		E-Ma	l Address	:	
Campus MIS/IT (responsible for MIS term	data submissi	on to C	ccco)		
Name:			Title:			
Phone/Evt·	Fav.		F_N/In	il Addrass		

Accounting Contact (responsible for tracking grant payments) (location: District College)

Fax:

Title:

E-Mail Address:

Name:

Phone/Ext: