Print Form

Grant Program Office
Primary Contact Form

Recipient Name			
Grant Number		**Days/Hours of Operation**	
Primary Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Alternate Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Alternate Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
Alternate Contact		**Title**	
Phone		**Cell**	
Email		**Contact Preference**	
SPEC Tax Consultant		**Area**	
Phone		**Territory**	
Email			
GPO Analyst		**Available**	
Phone		**Backup Phone**	404.338.7894
Email		**Backup Email**	Grant.Program.Office@irs.gov

Comments/Additional Information: