

Form 2

**CDPH Immunization Branch
Grantee Information Form**

Date Form Completed: May 18, 2017

Organization	This is the information that will appear on your grant agreement cover page.	
	Federal Tax ID #	<u>94-6000520</u> Contract/Grant# <u>(will be assigned by IZ/CDPH)</u>
	Data Universal Number System (DUNS) #	<u>148558195</u>
	Official Organization Name	<u>County of Mendocino Health and Human Services Agency, Public Health</u>
	Mailing Address	<u>1120 S Dora St Ukiah, CA 95482</u>
	Street Address (If Different)	<u></u>
	County	<u>Mendocino</u>
	Phone	<u>(707) 472-2600</u> Fax <u>(707) 472-2714</u>
	Website	<u>http://www.co.mendocino.ca.us</u>
	Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.
Name		<u>Anne Molgaard</u>
Title		<u>Health and Human Services Agency Chief Operational Officer</u>
If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/>		
Mailing Address		<u></u>
Street Address (If Different)		<u></u>
Phone		<u>(707) 463-7885</u> Fax <u>(707) 472-2335</u>
E-mail		<u>molgaardac@co.mendocino.ca.us</u>
Project Director	The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with State Immunization Branch staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
	Name	<u>Anna Anttila</u>
	Title	<u>Supervising Public Health Nurse</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/>	
	Mailing Address	<u></u>
	Street Address (If Different)	<u></u>
	Phone	<u>(707) 472-2713</u> Fax <u>(707) 472-2714</u>
	E-mail	<u>anttilaa@co.mendocino.ca.us</u>

Payment Receiver	All payments are sent to the attention of this person at the designated address.	
	Name	<u>Dianne Laster</u>
	Title	<u>Senior Department Analyst</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/>	
	Mailing Address	<u></u>
	Street Address (If Different)	<u></u>
	Phone	<u>(707) 472-2654</u> Fax <u>(707) 472-2765</u>
E-mail	<u>lasterd@co.mendocino.ca.us</u>	
Fiscal Reporter	The Fiscal Reporter prepares invoices, maintains fiscal documentation and serves as the primary contact for all related questions.	
	Name	<u>Dianne Laster</u>
	Title	<u>Senior Department Analyst</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/>	
	Mailing Address	<u></u>
	Street Address (If Different)	<u></u>
	Phone	<u>(707) 472-2654</u> Fax <u>(707) 472-2765</u>
E-mail	<u>lasterd@co.mendocino.ca.us</u>	
Fiscal Signatory	The Fiscal Signatory has signature authority for invoices and all fiscal documentation reports.	
	Name	<u>Mary Alice Willeford</u>
	Title	<u>Administrative Services Manager</u>
	If address(es) are the same as the organization above, just check this box and go to Phone <input checked="" type="checkbox"/>	
	Mailing Address	<u></u>
	Street Address (If Different)	<u></u>
	Phone	<u>(707) 472-2374</u> Fax <u>(707) 472-2765</u>
E-mail	<u>willefom@co.mendocino.ca.us</u>	