

SPECIAL CLAUSE KEY OFFICIALS

Grantee Official(s)/Representative(s). List below the names, titles, and telephone numbers of those individuals (i.e., signatory official(s), WIA Director, organization's comptroller, contract officer, etc.) who are authorized and responsible for the operation and the administration of the grant program. A modification to your grant is not necessary to record changes of listed individuals, *except* for signatory officials. However, the INAP FPO should be advised in writing of changes as they occur.

NAME & TITLE _____
PHONE NO.: _____ FAX. NO.: _____ Signatory? Yes No

NAME & TITLE _____
PHONE NO.: _____ FAX. NO.: _____ Signatory? Yes No

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PHONE NO.: _____ FAX. NO.: _____ Signatory? Yes No

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PHONE NO.: _____ FAX. NO.: _____ Signatory? Yes No

NAME & TITLE _____
PHONE NO.: _____ FAX. NO.: _____ Signatory? Yes No