# HOPWA Project Sponsor Contact Sheet

The Administrative Agency must complete one Contact Sheet for each Project Sponsor in each HSDA. Electronically submit Contact Sheets to the HOPWA Coordinator before the program year begins (09/01). Form A certifies all information herein is true.

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| Administrative Agency: | Choose an Administrative Agency. |
| Project Sponsor Name: |  |
| HIV Service Delivery Area: | Choose an HSDA. |
| **Contact Information for Primary Program Contact** |  |
| What is the Primary Program contact name? |  |
| What is the Primary Program contact title? |  |
| In what department does the Primary Program contact work? |  |
| What is the Primary Program contact email? |  |
| What is the Primary Program contact phone number? |  |
| What is the Primary Program contact fax number? |  |
| **Contact Information for Secondary Program Contact** |  |
| What is the Secondary Program contact name? |  |
| What is the Secondary Program contact title? |  |
| In what department does the Secondary Program contact work? |  |
| What is the Secondary Program contact email? |  |
| What is the Secondary Program contact phone number? |  |
| What is the Secondary Program contact fax number? |  |
| **Contact Information for Individuals Seeking Services** |  |
| What is the Services contact name? |  |
| What is the Services contact title? |  |
| In what department does the Services contact work? |  |
| What is the Services contact email? |  |
| What is the Services contact phone number? |  |
| What is the Services contact fax number? |  |