

PROJECT CONTACT INFORMATION SHEET (BSCC 227) INSTRUCTIONS

These instructions correspond to form BSCC 227 which must be completed when entering into a local assistance contract with the Board of State and Community Corrections (BSCC) and/or when a change in personnel has occurred at any point during your contract period.

Grantee –Identify the name of the *Implementing Agency* for your program.

Grant Number –List the *BSCC contract number*.

Grant Name –Identify the name of the *BSCC program* you are funded for.

Complete the numbered sections by providing the Name, Title, Address, Telephone/Fax Number, and Email address for each of the following. (*If your program or project does not utilize a specific field, please indicate "N/A" in the area where the "Name" would be listed.*)

1. **Project Director** (*The person responsible for overall management of the grant/program.*)
2. The person having **Routine Programmatic** responsibility of the grant/program. (*This person typically is the day-to-day contact for any grant-related programmatic activities.*)
3. The Financial **Officer** (*The person that has the main fiscal responsibility for the grant/program and is typically responsible for authorizing financial reports.*)
4. The person having **Routine Fiscal Responsibility** for the grant/program. (*This person typically assists the Financial Officer in preparing financial reports & is typically the day-to-day contact for the grant-related fiscal activities.*)
5. The **Executive Director** of a Community-Based/Nonprofit Organization or the **Chief Executive Officer (i.e., Chief of Police, Chief Probation Officer, Sheriff, City Manager/Mayor, etc)** for the implementing agency. (*This person has executive oversight of the grant/program, and may also be the Project Director/Routine Programmatic contact.*)
6. The **Official Designated** by the Governing Board to enter into the Grant Award Agreement for the city/county or Community-Based/Nonprofit Organization, as stated in the Standard Agreement (STD 213). (*This can also be referred to as the Authorized Officer with legal authority to sign for the grant.*)
7. The **Chair of the Governing Board** of the grant recipient (*may or may not be applicable to your program*).
8. Any **Additional Project Contact(s) – Optional** (*If applicable, this person is back-up staff to the Project Director or Financial Officer and/or may be responsible for data collection or other reporting functions.*)

Disclaimer: If you do not have Microsoft Outlook configured on your computer, please email this form to PP_grants@bscc.ca.gov OR to your specific grant program inbox:

JAG - ADA, MSP, CAMP/Crackdown, DEC
Juvenile Justice - JABG, DMC, Title II
CalGRIP
Proud Parenting
Juvenile Justice Development Plan - YOBG

BSCCJagrGrants@bscc.ca.gov
JJ_Grants@bscc.ca.gov
Cg_grants@bscc.ca.gov
PP_Grants@bscc.ca.gov
JJDP@bscc.ca.gov