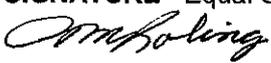
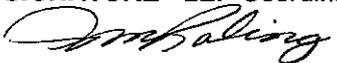
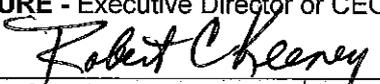


## APPENDIX A RECIPIENT CONTACT INFORMATION AND SIGNATURE PAGE

Use this Form for both the CRC LOA and CRC Plan.

Name of Primary Recipient / Direct Vendor Grant County; c/o Joyce Roling		
Street Address 111 South Jefferson Street		
City Lancaster	State WI	Zip Code 53813
Recipient's or Vendor's Total Workforce		
Name of Equal Opportunity Coordinator Joyce M. Roling		
SIGNATURE - Equal Opportunity Coordinator 		Date Signed 9/9/2014
Telephone Number (608) 723-2045	Email Address jroling@co.grant.wi.gov	
Name of Limited English Proficiency (LEP) Coordinator Joyce M. Roling		
SIGNATURE - LEP Coordinator 		Date Signed 9/9/2014
Telephone Number (608) 723-2045	Email Address jroling@co.grant.wi.gov	
Name of Executive Director or Chief Executive Officer (CEO) Robert Keeney		
SIGNATURE - Executive Director or CEO 		Date Signed Sept 12, 2014
Telephone Number (608) 723-2711	Email Address rkeeney@co.grant.wi.gov	

**Notes:**

- **Be sure to show the names in print and have the form signed where indicated.**
- **Important:** Please provide email addresses, as we may communicate policy updates and other program information to the recipient, via email.
- Be sure to print their names and have them sign the form.

**Instructions for completing Recipient Contact Information and Signature Page**

- Fill in all the blanks on this form.
- Identify the name and address of the primary recipient, sub-recipient or vendor receiving federal or state financial assistance responsible for this CRC LOA document and the CRC Plan.
- All primary recipients, sub-recipients or vendors must designate and identify an Equal Opportunity Coordinator and a Limited English Proficiency (LEP) Coordinator.
- The Executive Director, President, or Chief Executive Officer's contact information must appear as listed in your contract.