Health and Human Services (HHS) Grant
Hospital Preparedness Program (HPP)
Emergency Preparedness Contact Form
FY 2014-2015

Instructions: Please complete the following information and submit along with your signed participation agreement. Contact person should be someone whom we can contact regarding HHS-HPP grant documentation or other emergency preparedness activities for your facility. If the information provided is correct, simply check off the box to the left. If it is not correct, please strike through and make the appropriate corrections.

Organization Name: _____ **Region:** _____

PRIMARY CONTACT			
	Contact Name:		**Title**:
	Office Number:		**Fax Number:**
	Email Address:		
SECONDARY CONTACT (optional)			
	Contact Name:		**Title**:
	Office Number:		**Fax Number:**
	Email Address:		