



## ESSER GRANT DESK AUDIT POINT OF CONTACT INFORMATION

NAME OF LEA: \_\_\_\_\_

NAME OF CONTACT: \_\_\_\_\_ POSITION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_

NAME OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WORK PHONE NUMBER: \_\_\_\_\_