

**STD CONTROL BRANCH
LOCAL HEALTH JURISDICTION CONTACT INFORMATION**

ORGANIZATION	This is the information that will appear on your grant cover page.		
	Federal Tax Identification Number	<u>95-6002748</u>	
	Legal Name of the Organization	<u>County of San Bernardino</u>	
	Mailing Address	<u>351 North Mountain View, San Bernardino CA 92415</u>	
	Street Address (If Different)	<u></u>	
	County	<u>San Bernardino</u>	
	Telephone Number	<u></u>	Fax Number

GRANT SIGNATORY	The Grant Signatory is the individual who has the authority to sign the grant cover page (CDPH 1229).			
	Name	<u>Curt Hagman</u>		
	Title	<u>Chairman, Board of Supervisors</u>		
	Mailing Address	<u>385 North Arrohead Avenue, Fifth Floor, San Bernardino CA 92415</u>		
	Street Address (If Different)	<u></u>		
	Telephone Number	<u>909-387-4866</u>	Fax Number	<u></u>
	Email	<u></u>		

PROJECT REPRESENTATIVE

The Project Representative is the individual who is responsible for the oversight of the grant and is responsible for the day-to-day activities of the project and for seeing that all grant requirements are met. This person will be in contact with State STD Control Branch staff and will receive all programmatic, budget, and accounting documents for the project and will be responsible for the proper dissemination of program information.

Name Diana Ibrahim

Title Program Manager

Mailing Address 351 North Mountain View, San Bernardino CA 92415

Street Address (If Different) _____

Telephone Number 909-387-6797 Fax Number 909-387-6314

Email diana.ibrahim@dph.sbcounty.gov

PROJECT DIRECTOR

The Project Director is the individual who has overall authority of this grant and will be the second point of contact after the Project Representative.

Name Diana Ibrahim

Title Program Manager

Mailing Address 351 North Mountain View, San Bernardino CA 92415

Street Address (If Different) _____

Telephone Number 909-387-6797 Fax Number 909-387-6314

Email diana.ibrahim@dph.sbcounty.gov

CASHIER/FISCAL REPRESENTATIVE

The Cashier/Fiscal Representative is the individual who is responsible for submitting invoices and receiving the invoice payments. The remittance address is where the payments will be mailed.

Name	<u>Eric Patrick</u>		
Title	<u>Administrative Manager</u>		
Remittance Address	<u>172 W. 3rd Street, 6th Floor, San Bernardino 92415-0010</u>		
Street Address (If Different)	<u></u>		
Telephone Number	<u>909-387-6630</u>	Fax Number	<u>909-387-6886</u>
Email	<u></u>		