**2014 ITQ State Grant Program Contact Information Form with summary**

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| --- | --- |
| **Name of project** | **Name of Lead Partner Institution** |

**Contact info:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name /Title** | **Mailing address** | **Email/tel number/fax** |
| **Project Director** |  |  |  |
| Person in charge of Budget and accounting (For expenditure reports and where we should send checks) |  |  |  |
| **Person with Authorized signature (**where we should send contracts) |  |  |  |

**Project Summary info:**

Please give a short abstract of your project-in 150 words or less: