

# Points of Contact Form

*This form must be completed each month and submitted with your monthly Reimbursement Request.*

Agency ID: 0000

Agency Name: BBBS of XYZ

Reporting Month/Year: February 2021

Role	Name	Title	Email Address
CEO/ED			
Primary Point of Contact <i>(Agency employee)</i>			
Finance Lead <i>(Agency employee, <u>not</u> third-party consultant)</i>			
Portal Contact <i>(Agency employee or third-party consultant)</i>			
Grant Manager <i>(Agency employee)</i>			
Program Lead <i>(Agency employee)</i>			

## NOTES:

- If an employee is utilized for more than one role, please list the employee's full information in each requested category.
- DOJ Online Certification: If your agency has only one staff member holding the DOJ Online Training Certification, and that staff member leaves or is no longer working on the grant, another current employee working on the Grant financial reimbursements must complete this training within 30 days.
- Please upload as an attachment to the 'Other Personnel Documentation' within the monthly reimbursement. If you already utilize this section, please combine into one document for upload. If have any questions on the process, please reach out to your assigned BBBSA Federal Grant Accountant.