**Please return this sheet after acknowledgement of the FY 2024 R&P MOA Addenda**

The information below is required to update the current list of grant financial managers. The list will be used to send information regarding financial matters (i.e., financial report forms, instructions, and other related information). It is also meant to update current payee information. Should there be any changes during the grant year of any of this information, please complete and send a revised form.

This form must be completed and returned to:

Florence Etienne – fetienne@episcopalchurch.org; cc: Lucia Conrado, lconrado@episcopalchurch.org

**Payee Information:** Please indicate complete payee information. Note that all reimbursements will be by ACH wire transfer.

|  |  |
| --- | --- |
| **Organization** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Attention to:** |  |
| **Account Name:** |  |
| **Bank Name:** |  |
| **Bank Account #** |  |
| **Bank ABA #** |  |

**Recipient of Financial Information:** Use this form to identify the recipient(s) of financial reporting materials (i.e., financial report forms, instructions and other related information).

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Organization** |  |
| **Street Address** |  |
| **City, State, Zip** |  |
| **Phone** |  |
| **Fax** |  |
| **Email** |  |

*See next page*

**Certification**

I certify that the information provided on this form is correct and shall inform DFMS should there be any subsequent changes.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name & Title of Authorized Signatory

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorized Signatory

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date