**PERF-CNS Bridge Grant Application Section 16: Awardee Financial Information**

In the event your grant is approved, please provide how the check should be made out, where the check should be mailed and a contact person and phone number.

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| --- | --- | --- |
| **Principal** **Investigator** **(PI):** |  | |
| **Check Made Payable To:** |  | |
| **Tax ID Number:** |  | |
| **Contact Name:** | **Mailing** **Address:** | **Department:** |
| **E-mail** **Address:** |
| **Telephone** **Number:** |