**PERF-CNS Bridge Grant Application Section 17: 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.

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