

Harris County Public Health
Ryan White Grant Administration Grants Management
Subcontractor Acknowledgement Form

Listed below is the name and title of the staff person to be identified on the
Ryan White Grant Administration Complaint & Grievance Poster

Name:		Title:	
Phone:		Email:	

The following are the individuals responsible for meeting the requirement that a staff person **fluent in both English and Spanish** will be available during regular business hours.

Name	Title	Phone

Please sign below and return to RWGA Grants Management Section via fax (713) 439-6338 or via email to HIVACCT@hcphe.org.

Name

Signature

Date

Title

Agency

Acknowledgementformcmplntgriev011014ngy (1)