



Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Rockville MD 20857

**DESIGNATION OF CENTRAL E-MAIL ADDRESS FOR
SAMHSA NOTICE OF AWARD (NoA)**

The Notice of Award can now be sent electronically to grantees. If you have not done so already, please remember to submit the attached form with your application to enable this feature.

Dear *Grants Management Specialist* _____,
(Name)

- 1. **SAMHSA Grant No.:** _____
- 2. **Name of Grantee Organization:** _____
- 3. **HHS 12 Digit EIN on NOA:** _____
- 4. **Central E-mail Address:** _____

Please remember the e-mail address you provide should be valid for the life of the grant. Only one e-mail address can be assigned to an organization.

Authorized Representative*

Date

***Authorized Representative** is the individual who signed **Section 21 – A** of the Application for federal Assistance SF-424 in the Grant Application PHS 5161-1.