**GREAT GRANT PROGRAM (STATE)**

Growing Rural Economies with Access to Technology Program

**Created: Sept. 26, 2022**

**Modified: Nov. 15, 2022**

**To: GREAT Grant Program Grantees (State)**

**From: Broadband Infrastructure Office**

**Subject: Project Contacts**

 **Purpose:** The purpose of this document is for the grantee to identify and determine the responsibilities of a representative from the company with regards to administering the GREAT Grant Project. This document will establish the grantee’s project contacts, assign responsibility and delegate authority to appropriate staff to ensure compliance with the executed grant agreement.

The Project Contacts table can be edited, and additional rows may be added, as needed, by the user. **Please include a copy of a letter on company letterhead by the principal or legal counsel certifying the roles of the representatives listed in the table.**

**Definitions:**

**Principal:** The person that has the authority to enter a legally binding contract with the State of North Carolina.

**Legal Counsel**: The person that serves as legal counsel on behalf of the company and will review the grant agreement from the NC Department of Information Technology.

**Fiscal Representative:** The person that will submit claims for reimbursement.

**Authorized Representative:** The person that is responsible for certifying and submitting progress report documentation.

**Construction Manager and/or Engineer:** The person that is responsible for questions about the construction of broadband infrastructure.

**Authorized User(s) for the EBS on-line portal:** The person that has access to the Enterprise Business Services (EBS) on-line portal. Please ensure that the authorized user has a valid [NCID username and password (register here).](https://ncid.nc.gov/idmdash/#/default) In addition, ensure that the user has received authorization to access the [EBS (register here)](https://www.ebs.nc.gov/sap/crmaccess/index.html).

**Project Contacts**

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| **Responsibility** | **Full Name, Title** | **Contact Information****Business Name****Mailing Address****Email Address and Phone** |
| Principal |  |  |
| Legal Counsel |  |  |
| Fiscal Representative |  |  |
| Authorized Representative  |  |  |
| Construction Manager and/or Engineer |  |  |
| Authorized User(s) for the Enterprise Business Services (EBS) on-line portal |  |  |
| Reserved for other representatives  |  |  |
| Reserved for other representatives |  |  |