**Contract Management Services**

**Provider Fact Sheet**

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| **Provider Information** |
| **Date of form** |   |
| **Legal name of Provider** |   |
| **Doing Business As** |   |
| **Organization Address** |   |
| **Organization City, State ZIP** |   |
| **Business Phone** |   |
| **Fax #** |   |
| **Unique Entity Identifier (UEI)** (if assigned this federal ID) |   |

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| **Executive Director (or CEO)** |   |
| **Executive Director Phone** |   |
| **Executive Director Email Address** |   |
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| **Financial Contact (or CFO)** |   |
| **Financial Contact Phone** |   |
| **Financial Contact Email Address** |   |
| **Agency Fiscal Year** |   |

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| **Responsibility Authority for Data Privacy purposes** (person or position) |   |

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| **AGENCY-WIDE INFORMATION TO BE SUBMITTED WITH PROVIDER FACT SHEET** |
| **People or positions with board authority to sign contracts** | List the names and job titles of those with signing authority |
| AND submit board authority which designates specific people or positions with the authority to sign contracts for the agency |
| **Board of Directors**  | Submit list of current board of directors |

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| **PROGRAM SPECIFIC- INFORMATION TO BE SUBMITTED WITH PROVIDER FACT SHEET** |
| **License, if required** | Attach a copy of current license required for contracted service |