

## Contract Management Services PROVIDER FACT SHEET

PROVIDER INFORMATION	
Legal Name of Provider	
Doing Business As	
Organization Address	
Organization City, State ZIP	
Business Phone	
Fax #	
DUNNS/CAGE ID (if assigned)	

Executive Director	
Executive Director Phone	
Executive Director Email Address	

Financial Contact	
Financial Contact Phone	
Financial Contact Email Address	
Agency Fiscal Year	

Responsible 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	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

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