

## Contract Management Services Provider Fact Sheet

Provider Information	
<b>Legal name of Provider</b>	
<b>Doing Business As</b>	
<b>Organization Address</b>	
<b>Organization City, State ZIP</b>	
<b>Business Phone</b>	
<b>Fax #</b>	
<b>Unique Entity Identifier (UEI)</b> <small>(if assigned this federal ID)</small>	

<b>Executive Director (or CEO)</b>	
<b>Executive Director Phone</b>	
<b>Executive Director Email Address</b>	

<b>Financial Contact (or CFO)</b>	
<b>Financial Contact Phone</b>	
<b>Financial Contact Email Address</b>	
<b>Agency Fiscal Year</b>	

<b>Responsibility Authority for Data Privacy purposes</b> <small>(person or position)</small>	
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AGENCY-WIDE INFORMATION TO BE SUBMITTED WITH PROVIDER FACT SHEET	
<b>People or positions with board authority to sign contracts</b>	Submit board authority which designates specific people or positions with the authority to sign contracts for the agency
<b>Board of Directors</b>	Submit list of current board of directors

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