

2014-15 Provider Contact Information Form

*Complete the following and submit with application.
(Note: Contract will require that any updates to this form be submitted)*

Provider Name:	
Mailing Address, (include city & zip)	
Physical Address, (include city & zip)	
Area Code, Telephone Number	
Area Code & Fax Number	
Federal Identification Number	

Sheriff/Police Chief Name & Title:	
Formal Title of ED/CEO:	
Email Address:	
Telephone Number:	

Grant Contact Name & Title (for grant/contract administration):	
Email Address:	
Telephone Number:	
Fax Number:	

Fiscal Contact Name & Title (for budgeting and invoicing):	
Email Address:	
Telephone Number:	
Fax Number:	
Name of Accounting System	

Administrative Contact Name & Title (for human resources):	
Email Address:	
Telephone Number:	
Fax Number:	

Program Contact Name & Title (for statistical reporting):	
Email Address:	

Telephone Number:	
Fax Number:	
Single Point of Contact (for Persons who are Deaf or Hard-of-Hearing) Name & Title	
Email Address:	
Telephone Number:	
Fax Number:	
Number of staff, agency-wide	

Please indicate via the checkbox below if your Agency is a Department of Children and Families ACCESS Partner.

YES ☐ NO ☐