**Contractor Information Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date Form Completed:** | |  | |  | |  |
|  |  | |  | |  | |  |
| **Organization** | This is the information that will appear on your contract (Standard Agreement). | | | | | |  |
| Federal Tax ID # |  | | | Contract # | TBD |  |
| Name |  | | | | |  |
| Mailing Address |  | | | | |  |
| Street Address (If Different) | | |  | | |  |
| County |  | | |  |  |  |
| Phone |  | | | Fax |  |  |
| Website |  | | | |  |  |
|  |  | | |  |  |  |
| **Contract Signatory** | The ***Contract Signatory*** has authority to sign a contract. | | | | | |  |
| Name |  | | | | |  |
| Title |  | | | | |  |
| ***If address(es) are the same as the organization above, check this box and skip below to Phone*** | | | | | |  |
| Mailing Address |  | | | | |  |
| Street Address (If Different) | | |  | | |  |
| Phone |  | | | Fax |  |  |
| Email |  | | | |  |  |
|  |  | | |  |  |  |
| **Project Coordinator** | The ***Project Coordinator*** is responsible for all of the day-to-day activities of project implementation and for seeing that all contractual requirements are met. This person will be in contact with state staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information. This person also reviews Invoices and State Share Documentation Reports before they are submitted to CDSS. | | | | | |  |
| Name |  | | | | |  |
| Title |  | | | | |  |
| ***If address(es) are the same as the organization above, check this box and skip below to Phone*** | | | | | |  |
| Mailing Address |  | | | | |  |
| Street Address (If Different) | | |  | | |  |
| Phone |  | | | Fax |  |  |
| Email |  | | | |  |  |
|  |  | | |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Payment Receiver** | All payments are sent to this address. | | | | |  |
| Name |  | | | |  |
| Title |  | | | |  |
| ***If address(es) are the same as the organization above, check this box and skip below to Phone*** | | | | |  |
| Mailing Address |  | | | |  |
| Street Address (If Different) | |  | | |  |
| Phone |  | | Fax |  |  |
| Email |  | | |  |  |
|  |  | |  |  |  |
| **Fiscal Reporter** | The ***Fiscal Reporter*** prepares Invoices and State Share Documentation Reports and is the primary contact for questions relating to these documents, as well as other fiscal documentation. | | | | |  |
| Name |  | | | |  |
| Title |  | | | |  |
| ***If address(es) are the same as the organization above, check this box and skip below to Phone*** | | | | |  |
| Mailing Address |  | | | |  |
| Street Address (If Different) | |  | | |  |
| Phone |  | | Fax |  |  |
| Email |  | | |  |  |
|  |  | |  |  |  |
| **Fiscal Signatory** | The ***Fiscal Signatory*** has signature authority for Invoices and Share Documentation Reports. | | | | |  |
| Name |  | | | |  |
| Title |  | | | |  |
| ***If address(es) are the same as the organization above, check this box and skip below to Phone*** | | | | |  |
| Mailing Address |  | | | |  |
| Street Address (If Different) | |  | | |  |
| Phone |  | | Fax |  |  |
| Email |  | | |  |  |
|  |  | |  |  |  |