



## Provider Contact Information Fiscal Year 2023

Organization: \_\_\_\_\_

Location Address: \_\_\_\_\_

Payment Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Chief Executive Officer/Executive Director:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Signing Authority (if different than CEO/ED):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Contract Reviewer (if someone needs to review contract prior to signature):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Main Grant Contact (will receive all communication along with the CEO/ED, including information relating to credentialing, site visits, public relations, reporting, deliverables, etc.):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Financial Contact (will receive requests for invoicing and any related questions):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Data Portal Contact (will receive information on portal updates, trainings and to solve data related issues):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_

Clinical Contact:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_