

## Agency Information Sheet

**Contractor Name:**

### Agency Director

NAME:		Phone No.: (    )    -
TITLE:	ORGANIZATION:	
E-MAIL ADDRESS:        @		
ADDRESS:		
CITY/STATE/ZIP CODE:    /    /		FAX: (    )    -

### Agency Fiscal Officer (Fiscal Agent)

NAME:		Phone No.: (    )    -
TITLE:	ORGANIZATION:	
E-MAIL ADDRESS:        @		
ADDRESS:		
CITY/STATE/ZIP CODE:    /    /		FAX: (    )    -

### Agency Official with Board Authority to Commit Agency to an Agreement & Sign Contract

NAME:		Phone No.: (    )    -
TITLE:	ORGANIZATION:	
E-MAIL ADDRESS:        @		
ADDRESS:		
CITY/STATE/ZIP CODE:    /    /		FAX: (    )    -

### Project Director or Contact Person (if different from Director)

NAME:		Phone No.: (    )    -
TITLE:	ORGANIZATION:	
E-MAIL ADDRESS:        @		
ADDRESS:		
CITY/STATE/ZIP CODE:    /    /		FAX: (    )    -

**Please notify the Office of AIDS of any changes to this information.**