

Network for a Healthy California

Contractor Information Form

Date Form Completed: _____

Organization	This is the information that will appear on your contract (Standard Agreement).	
	Federal Tax ID # _____	Contract # _____
	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, just check this box and go to Phone <input type="checkbox"/>	
	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.	
	Name _____	
	Title _____	
	If address(es) are the same as the organization above, just check this box and go to Phone <input type="checkbox"/>	
	Mailing Address _____	
	Street Address (If Different) _____	
	Phone _____	Fax _____
	Email _____	

Network for a Healthy California Contractor Information Form

Payment Receiver	All payments are sent to this address.
Payment Receiver	Name _____ Title _____ <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/> Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____
Fiscal Reporter	The Fiscal Reporter prepares Invoices and is the primary contact for questions relating to these documents, as well as other fiscal documentation.
Fiscal Reporter	Name _____ Title _____ <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/> Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____
Fiscal Signatory	The Fiscal Signatory has signature authority for Invoices.
Fiscal Signatory	Name _____ Title _____ <i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/> Mailing Address _____ Street Address (If Different) _____ Phone _____ Fax _____ Email _____