

Regional Network for a Healthy California Contractor Information Form

Contractor Name: _____

Date Form Completed: _____

Region: _____

	This is the information that will appear on your contract (Standard Agreement).	
Organization	Federal Tax ID # _____	Contract # _____
	Name _____	
	Mailing Address _____	
	Street Address (If Different) _____	
	County _____	
	Phone _____	Fax _____
	Website _____	
	The Contract Signatory has authority to sign a contract.	
Contract Signatory	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 _____		
	The Project Director 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 <i>Network</i> staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
Project Director	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 _____		

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Payment Receiver	All payments are sent to the attention of this person at the designated address.	
	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	_____	
Fiscal Reporter	The Fiscal Reporter prepares invoices, maintains fiscal documentation and serves as the primary contact for all related questions.	
	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	_____	
Fiscal Signatory	The Fiscal Signatory has signature authority for invoices and all fiscal documentation reports.	
	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	_____	
Districts	List the all numbers that your organization is under.	
		Number
	Assembly	_____
	Senate	_____
	Congressional	_____