

III.	PROGRAM PLANNING AND RESOURCES SECTION
1000	Contractor Information

This Section includes:

1001 **General Information**

1002 Submitting Changes to Form

1001 General Information

The *Network for a Healthy California (Network)* requires contractors to complete and submit a Contractor Information Form when they submit renewing **Request for Funding Application** documents. The Contractor Information Form provides important names and contact information for the:

- Organization: this information will appear on the contract.
- Contract Signatory: this person has authority to sign a contract.
- Project Coordinator: the person listed will be 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 the primary contact for *Network* staff and will be responsible for the proper dissemination of program information.
- Payment Receiver: this information is where all payments will be sent.
- Fiscal Reporter: this person will prepare Invoices and State Share Documentation Reports and is the primary contact for questions related to fiscal documents.
- Fiscal Signatory: this person has signature authority for Invoices and State Share Documentation Reports.

A copy of the Contractor Information Form is provided in the Appendix. For questions regarding the Contractor Information Form, contractors should contact their Program Manager or Contract Manager.

1002 Submitting Changes to Form

Throughout the contract period, contractors may have to make changes to the Contractor Information Form due to changes in staff listed, addresses, phone numbers, organization information, etc. If there are changes to the information on the form, contractors are required to complete and submit a new Contractor Information Form to their Program and Contract Managers. It is important that contractors submit changes in a timely manner, as it will maintain the flow of communication between the contractor and the *Network* and visa versa.