|  |  |
| --- | --- |
| **Legal Name of Applicant:** |  |

This form provides information about the appropriate program contacts in the applicant’s organization. If any of the following information changes during the term of the contract, please notify the **Contract Manager and the HIV Care Services Group.**

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| **Executive Director:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Project Contact:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Financial Reporting Contact:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Data Reporting Contact:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Clinical Services Contact**: |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Board Chairperson:** |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
|  |
| **Emergency Contact**: |       |  | **Mailing Address (incl. street, city, county, state, & zip):** |
| **Title:** |       |  |       |  |
| **Phone:** |       | Ext. |  |       |  |
| **Fax:** |       |  |       |  |
| **E-mail:** |       |  |       |  |
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