

Contractor Information Form

1. Incorporated Organization Name: _____

2. Street Address (physical): _____

City: _____ State: _____ Zip Code: _____

County(ies) Served: _____

3. Organization Contact: _____ Title: _____

Phone Number: (____) ____ - ____ ext: ____ Fax Number: (____) ____ - ____

Email Address: _____

Mailing Address: Same as physical address or provide below:

Program Contact: _____ Title: _____

Phone Number: (____) ____ - ____ ext: ____ Fax Number: (____) ____ - ____

Email Address: _____

Mailing Address: Same as physical address or provide below:

4. Federal Employer Identification Number: ____ - _____

Charities Registration Number: _____