NEW YORK STATE | **Office of Temporary and Disability Assistance**

KATHY HOCHUL
Governor

BARBARA C. GUINN
Commissioner

RAJNI CHAWLA
Executive Deputy Commissioner

Contractor Contact Information Form

Please complete this form to identify the appropriate contacts for this contract and to ensure award letters and related communications are sent to the correct recipients. Should any individual need to be added to or removed from the list, inform the Bureau of Refugee Services (BRS) immediately.

Agency Name: Click or tap here to enter text

Program Name: Click or tap here to enter text

Agency Contact – Overall contact for official correspondence and award letters

Name: Click or tap here to enter text

Title: Click or tap here to enter text

Email Address: Click or tap here to enter text

Phone Number: Click or tap here to enter text

Mailing Address – Line 1:   Click or tap here to enter text

Mailing Address – Line 2:   Click or tap here to enter text

City, State, ZIP: Click or tap here to enter text

Program Contact – Contract-specific for day-to-day questions, site visit coordination and contract administration

Name: Click or tap here to enter text

Title: Click or tap here to enter text

Email Address: Click or tap here to enter text

Phone Number: Click or tap here to enter text

Mailing Address – Line 1:   Click or tap here to enter text

Mailing Address – Line 2:   Click or tap here to enter text

City, State, ZIP: Click or tap here to enter text

Authorized Signatory / Signatories – For Claims for Payment submitted under this contract.

Authorized Signatory #1 – Name: Click or tap here to enter text

Authorized Signatory #1 – Title: Click or tap here to enter text

Authorized Signatory #2 – Name: Click or tap here to enter text

Authorized Signatory #2 – Title: Click or tap here to enter text

Authorized Signatory #3 – Name: Click or tap here to enter text

Authorized Signatory #3 – Title: Click or tap here to enter text