**AGENCY CONTACT INFORMATION**

**PROGRAM:** **SCCoC PROGRAM YEAR: 2020**

Agency Name:

Program(s) Name(s):

Date Form Completed: Program Dates:

Agency Mailing Address:

Agency Phone No.: Agency Website:

Agency Federal Tax Identification Number:

Year Incorporated: 501(c)(3) Status: Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

Agency DUNS Number (Dun and Bradstreet):

**Contact information**

Agency’s Authorized Signee Name:

Title:

 Phone No.: Email Address:

Additional Agency Contact Person(s):

Name: Title:

 Phone No.: Email Address:

Name: Title:

 Phone No.: Email Address:

\*If additional Contact Person lines are needed, attach a 2nd sheet\*

Please email completed form to: kjones@summitcoc.org Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_