**AGENCY CONTACT INFORMATION**

**PROGRAM:** **SCCoC PROGRAM YEAR: 2021**

Agency Name: Click or tap here to enter text.

Program(s) Name(s): Click or tap here to enter text.

Date Form Completed: Program Dates: Click or tap here to enter text.

Agency Mailing Address: Click or tap here to enter text.

Agency Phone No.: Click or tap here to enter text. Agency Website: Click or tap here to enter text.

Agency Federal Tax Identification Number: Click or tap here to enter text.

Year Incorporated: Click or tap here to enter text.

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

Agency DUNS Number (Dun and Bradstreet): Click or tap here to enter text.

**Contact information**

Agency’s Authorized Signee Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

 Phone No.: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Additional Agency Contact Person(s):

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

 Phone No.: Click or tap here to enter text. Email Address: Click or tap here to enter text.

**Agency CFO**:

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

 Phone No.: Click or tap here to enter text. Email Address: Click or tap here to enter text.

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

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