PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

The Contract Contact Verification form ensures that contract documents and contractrelated correspondence reach the appropriate people in your organization in a timely manner.

PLEASE DO NOT MAKE ANY REVISIONS TO THE FORMAT OF THIS FORM. ANY REVISED FORMATS WILL NOT BE ACCEPTED.

INSTRUCTIONS:

- 1. Section A (Legal Agency Name) Complete this section and repeat the information on the top of all subsequent pages.
- 2. Sections B E Please review the role definitions of each contract contact above the data entry boxes for each section in order to identify the appropriate contract contact at your organization.
- Sections B (Agency Head), E (Chief Financial Officer/Fiscal Manager) and F (Authorizing Agent) – Submit one copy per agency. Enter all appropriate information.
- 4. Sections C (Senior Administrator/Program Director) and D (Program Manager) If these individuals vary according to contract, submit as many Contract Contact Verification Forms as needed. At the top of each page, identify the applicable service category(s) and contract number(s).
- 5. Each contact must sign and date their section.
- 6. Return the completed form **by email** to Division of Domestic Violence Shelter Based Programs (Office of Women's Health), Carol Chow cachow@ph.lacounty.gov
- If identifying additional person(s) for sections B-E, please make additional copies to include all applicable authorizing personnel.
- If at any time during the contract period there is a change in any of the contacts, a revision to this form must be submitted to Division of Domestic Violence Supportive Services Programs, immediately.
 - ** If there is any change to an Agency Head (section B), written notification must be sent to the attention of the Program Manager, Angela Boger, of Domestic Violence Supportive Services Programs, immediately.
- Processing of all administrative, fiscal and programmatic documentation may be delayed if that documentation is not signed by the individual(s) designated on this form.

The Agency Head is the Executive Director, CEO, or other high-ranking officer of the agency. This individual has the authority to expreement, all amendments to the Agreement and RFP submissions. This individual also has the authority to sign all administrative, fis d programmatic documentation. All correspondence regarding the award, renewal, or termination of the contract; contract compliance is d monitoring reports: and fiscal documentation such as budget modification approvals will be sent to this person. All payments will be set address unless alternate address specified below. AGENCY HEAD Salutation First Name Middle Initial Last Name Generational Qualification approvals will be sent to this person. All payments will be set address. Salutation approvals will be sent to this person. All payments will be set address. All payments will be set to this person. All paymen	Legal Agency Name. All Agreer	ments, amendments to Agree	ments and correspo	ndence will be made out	in this name.
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F. The **Authorizing Agent** is the individual who has actual authority to bind Contractor to each and every term, condition, and obligation set forth in this Agreement and that all requirements of Contractor have been fulfilled to provide such actual authority. In signing below, is certifying that the individuals identified as the Agency Head, Senior Administrator, Program Manager and Chief Financial Officer is authorized to perform duties as designated.

AUTHORIZING	GAGENT					
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- Processing of all administrative, fiscal and programmatic documentation may be delayed if that documentation is not signed by the individual(s) designated on this form.