

PLEASE READ THE FOLLOWING BEFORE COMPLETING THIS FORM

The Contract Contact Verification form ensures that contract documents and contract-related 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.
 3. 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 \[cachow@ph.lacounty.gov\]\(mailto:cachow@ph.lacounty.gov\)](#)
- **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.**
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**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH – CONTRACT ADMINISTRATION
CONTRACT CONTACT/SIGNATURE AUTHORIZATION FORM**

A. **Legal Agency Name.** All Agreements, amendments to Agreements and correspondence will be made out in this name.

Legal Agency Name	
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B. The **Agency Head** is the Executive Director, CEO, or other high-ranking officer of the agency. This individual has the authority to sign the Agreement, all amendments to the Agreement and RFP submissions. This individual also has the authority to sign all administrative, fiscal and programmatic documentation. All correspondence regarding the award, renewal, or termination of the contract; contract compliance issues and monitoring reports; and fiscal documentation such as budget modification approvals will be sent to this person. All payments will be sent to this address unless alternate address specified below.

AGENCY HEAD

<small>Salutation (Mr., Ms., Dr., etc.)</small>	<small>First Name</small>	<small>Middle Initial</small>	<small>Last Name</small>	<small>Generational Qualifier (Jr., III, etc.)</small>

<small>Title</small>

<small>Address Line 1</small>

<small>Address Line 2</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
		CA	

<small>(Area Code) Telephone</small>	<small>Ext.</small>	<small>(Area Code) FAX</small>

<small>E-Mail Address</small>

Original Signature Required (Blue Ink Only)

<small>Signature</small>	<small>Date</small>

**** IF MORE THAN ONE DESIGNEE, INCLUDE BELOW AND MAKE ADDITIONAL PAGES AS NECESSARY.**

AGENCY HEAD

<small>Salutation (Mr., Ms., Dr., etc.)</small>	<small>First Name</small>	<small>Middle Initial</small>	<small>Last Name</small>	<small>Generational Qualifier (Jr., III, etc.)</small>

<small>Title</small>

<small>Address Line 1</small>

<small>Address Line 2</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
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<small>(Area Code) Telephone</small>	<small>Ext.</small>	<small>(Area Code) FAX</small>

<small>E-Mail Address</small>

Original Signature Required (Blue Ink Only)

<small>Signature</small>	<small>Date</small>

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH – CONTRACT ADMINISTRATION
CONTRACT CONTACT/SIGNATURE AUTHORIZATION FORM**

Legal Agency Name	
Service Category/Contract Number	

C. The **Senior Administrator/Program Director** is the individual in the organization who can expedite administrative, fiscal, and programmatic matters pertaining to the contract. This individual has the authority to approve and sign all programmatic documentation including monthly program reports and publication materials submitted for DPH-Office of Women's Health approval. The contract package, correspondence relating to contract compliance issues, and monitoring reports will be copied to the Senior Administrator/Program Director.

SENIOR ADMINISTRATOR/PROGRAM DIRECTOR

<i>Salutation (Mr., Ms., Dr., etc.)</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Generational Qualifier (Jr., III, etc.)</i>

<i>Title</i>

<i>Address Line 1</i>

		CA	
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<i>(Area Code) Telephone</i>	<i>Ext.</i>	<i>(Area Code) FAX</i>

<i>E-Mail Address</i>

Mailing Address (If different from above)

<i>Address Line 1</i>

		CA	
<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Original Signature Required (Blue Ink Only)

<i>Signature</i>	<i>Date</i>

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
 OFFICE OF WOMEN'S HEALTH – CONTRACT ADMINISTRATION
 CONTRACT CONTACT/SIGNATURE AUTHORIZATION FORM**

Legal Agency Name	
Service Category/Contract Number	

D. The Program Manager is the day-to-day contact regarding program matters for the contract.

PROGRAM MANAGER

<i>Salutation (Mr., Ms., Dr., etc.)</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Generational Qualifier (Jr., III, etc.)</i>

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<i>Title</i>

<i>Address Line 1</i>

		CA	
<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

<i>(Area Code) Telephone</i>	<i>Ext.</i>	<i>(Area Code) FAX</i>

<i>E-Mail Address</i>

Mailing Address (If different from above)

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<i>Address Line 1</i>

		CA	
<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Original Signature Required (Blue Ink Only)

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Signature

Date

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN'S HEALTH – CONTRACT ADMINISTRATION
CONTRACT CONTACT/SIGNATURE AUTHORIZATION FORM**

Legal Agency Name	
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E. The **Chief Financial Officer/Fiscal Manager** is the principal contact regarding fiscal matters for the contract and has the authority to sign the monthly invoices and annual cost reports, budget modification requests and reimbursement instructions. All correspondence related to fiscal matters will be copied to this individual.

CHIEF FINANCIAL OFFICER/FISCAL MANAGER

<i>Salutation</i> <small>(Mr., Ms., Dr., etc.)</small>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Generational Qualifier</i> <small>(Jr., III, etc.)</small>
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<i>Title</i>

<i>Address Line 1</i>

<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Original Signature Required (Blue Ink Only)

<i>Signature</i>	<i>Date</i>
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**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
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Legal Agency 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 AGENT

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<i>Salutation (Mr., Ms., Dr., etc.)</i>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>	<i>Generational Qualifier (Jr., III, etc.)</i>
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Title

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Address Line 1

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<i>Address Line 2</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Address Line 1

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Original Signature Required (Blue Ink Only)

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Signature

Date

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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.**