**Legal Name of Applicant**:

*This form provides information about the appropriate contacts in the applicant’s organization in addition to those on the FACE PAGE. Changes in contact information that occur during the term of the contract must be reported to the DSHS Contract Manager:* *Beverly.Taylor@dshs.texas.gov* *in writing within 30 days from the date of change.* ***Add pages as needed.***

|  |  |  |
| --- | --- | --- |
| **Contact Name:** |  | **Mailing Address** (include street, city, county, state, zip-code) |
| **Title:** |  |  |
| **Phone/Ext:** |  |
| **Fax:** |  |
| **E-mail:** |  |

|  |  |  |
| --- | --- | --- |
| **Contact Name:** |  | **Mailing Address** (include street, city, county, state, zip-code) |
| **Title:** |  |  |
| **Phone/Ext:** |  |
| **Fax:** |  |
| **E-mail:** |  |

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| --- | --- | --- |
| **Contact Name:** |  | **Mailing Address** (include street, city, county, state, zip-code) |
| **Title:** |  |  |
| **Phone/Ext:** |  |
| **Fax:** |  |
| **E-mail:** |  |