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| **Legal Business Name of Respondent:** |  |

*This form provides information about the appropriate contacts in the respondent’s organization in addition to those on* ***Form A, Respondent Information****.* ***ALL*** *phone numbers should be a direct line to the designated individual. If any of the following information changes during the term of the contract, please send written notification to the* ***Substance Use Disorder Contract Management Unit via email at SUD.Contracts@hhs.texas.gov***

|  |  |  |  |
| --- | --- | --- | --- |
| **Contacts** | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |

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| --- | --- | --- | --- |
| **Additional Contacts** | | | |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |
|  | | | |
| Last Name: |  | Last Name: |  |
| First Name: |  | First Name: |  |
| Title: |  | Title: |  |
| Email: |  | Email: |  |
| Phone: |  | Phone: |  |