**FORM B**

**CONTACT PERSON INFORMATION**

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| **Legal Business Name of Applicant:** |  |

This form provides information about the appropriate contacts in the Applicant’s organization in addition to those on **Form A: Face Page**. Al**l** phone numbers should be a direct line to the designated individual. If any of the following information changes during the term of the Contract (if applicable), please send written notification to the assigned Contract Manager.

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| **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: |  |