

Attachment B. DIRECT CLIENT SERVICES NARRATIVE - Face Sheet

A. CONTRACTOR INFORMATION

1. Contractor Agency Name: _____

2. Address: _____

3. Telephone Number: _____ Fax Number: _____ Email: _____

4. Contractor Agency Project Director (Name and Title) _____

5. Contractor Agency Contract Administrator Name: _____

5a. Contractor Agency Contract Administrator Title: _____

5b. Address (if different from A.2. and 3. above):

Telephone Number: _____ Fax Number: _____ Email: _____

6a. Contractor Agency Program Administrator Name: _____

6b. Contractor Agency Program Administrator Title: _____

Telephone Number: _____ Fax Number: _____ Email: _____

7a. Contractor Agency Financial Contact Name: _____

7b. Contractor Agency Financial Contact Title: _____

Telephone Number: _____ Fax Number: _____ Email: _____

8. Name of Program (s): _____

9. Status: () Public () Private, Not for Profit () Private, For Profit

10. Contractor Agency: 1- Federal Tax ID Number: _____ 2- DUNS Number _____

11. Contractor's Financial Reporting Year _____ through _____

B. SERVICE DELIVERY SITE(S): _____

C. AREA(S) TO BE SERVED: _____

D. SERVICES TO BE PROVIDED: _____

E. AGENCY WEB SITE: _____

(1) Service	(2) Service Code	(3) # of Persons Served	(4) # of Units of Service	(5) Definition of Unit of Service

(Signature of Authorized Person)

(Printed Name of Authorized Person) (Date Submitted)

Count all pages of Proposal Summary, stopping at Attachment C to determine the total number of pages & insert in the blank after the "of" and then delete these instructions.

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