

FY2026 PROVIDER DISASTER VERIFICATION FORM AND CONTACT INFORMATION

(PLEASE PRINT OR TYPE)

Purpose: To identify the point of contact to determine operational status of the CBHC funded services.

Pursuant to Section 29 of the General Terms and Conditions of the contract: The PROVIDER will submit to the CHILDREN'S BOARD a PROVIDER Disaster Verification Form within thirty (30) days of receiving an executed contract which attests that an Emergency Services Work Plan is in place and up to date.

Program Name (1 per form):		DATE:
Name of Person Completing Form:	Title of Person Completing Form:	
Primary Program Disaster Contact Name:	Cell Phone Number (Include area code.) Text message capable? YES NO (circle one)	
Primary Program Disaster Contact Email Address:	Primary Program Disaster Contact Landline:	
Back up Program Disaster Contact Name:	Cell Phone Number (Include area code.) Text message capable? YES NO (circle one)	
Back up Program Disaster Contact Email Address:	Back up Program Disaster Contact Landline:	
Agency Disaster Plan in effect and up to date at start of fiscal year? (Check appropriate.) Yes _____ No _____	If no, what is the status of Disaster Plan development? Not started _____ Draft Plan _____	
LOCATION OF SERVICES (Check all that apply)		
<input type="checkbox"/> Agency Name & Office Address:	<input type="checkbox"/> Community Name & Address (Not owned or leased by program):	
<input type="checkbox"/> School Name & Address:	<input type="checkbox"/> Other (Specify):	

In the event that the agency/program being funded by the Children's Board is negatively impacted by a disaster please notify the following:

- Maria Negron, Children's Board Program Director of Programs at (813) 204-1795 or negronma@childrensboard.org
- Call 2-1-1 or log onto www.211atyourfingertips.org to update your profile

Date Received by CBHC: _____

Revised 06-2025