Children's Board of Hillsborough County

ATTACHMENT (5) - DIRECT CONTRACT OR LEAD AGENCY **FY 2027** **Date:** _____

CONTRACT TERM: _____

AGENCY NAME: _____

AGENCY ADDRESS: _____

MAILING ADDRESS: _____

PROGRAM NAME: _____

PROGRAM ADDRESS(ES): (IF DIFFERENT) _____

WEB ADDRESS: _____

Changes in the Following Personnel Require Written Notification from Provider and a Revised Attachment (5)

	First/Last Name	Title	E-mail	Phone Number
AGENCY OFFICIAL: CEO, President, Executive Director- Person authorized to sign this contract.				
AGENCY DELEGATE: **Person** other than the Agency Official with authority to sign as witness and act in the absence of the Agency Official.				
PROGRAM CONTACT: Person responsible for Program operations, compliance, and communications.				
FINANCE CONTACT: Person responsible for fiscal operations, compliance, and communications.				
MATRIX REPRESENTATIVE: Person responsible for Matrix/Workplan monitoring and communications.				
BOARD CHAIR/PRESIDENT				