

NCLB/SES PROVIDER CONTACT INFORMATION

Please complete this form and return it with your Application for Contract. You may download the form from this site:

<http://schools.nyc.gov/Offices/DCP/Vendor/NoChildLeftBehind>

NOTE: You may also send this form electronically as often as necessary in order to have the most current information for all contact purposes. E-mail to: snaste@schools.nyc.gov

PROVIDER LEGAL BUSINESS NAME:

BUSINESS ADDRESS:

Information must be the same as listed on your W-9 Form for New York City. If you have not completed a W-9 form, you can access a copy at:

<http://schools.nyc.gov/Offices/DCP/Vendor>

STREET: _____

SUITE/ROOM _____

CITY/STATE/ZIP _____

PHONE:

FAX:

EMAIL ADDRESS:

WEBSITE:

TAXPAYER STATUS (check one): NOT FOR PROFIT FOR PROFIT

SPECIFIC CONTACTS:

For each of the following categories, please fill in the contact information. If the same information applies for multiple categories, please repeat the information. Do not leave a category blank.

SES DIRECTOR:

Name:

Phone :

Fax :

Email Address:

SES COMPLIANCE OFFICER:

Name:

Phone :

Fax :

Email Address:

PURCHASE ORDERS/PAYMENT CONTACT:

Name:

Phone :

Fax :

Email Address:

Additional Comments: