

## EXHIBIT C

### Summit & Medina Workforce Area Council of Governments

<b>PROVIDER CONTACT INFORMATION WORKSHEET</b>
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Information entered on this worksheet will be used to update SAMWA COG files for communication purposes. Only complete this worksheet for the proposed/purchased program.

Provider Organization Information			
Name			
DUNS #			
Street Address	Street	City, State	Zip Code
Contract Mailing Address	Street	City, State	Zip Code
Phone Number	Fax Number		
Web Address	TDD		
Agency Hours			
Service Days and Hours			
Description of services proposed/purchased:			
Provider Staff Information	Head of Organization	Finance Contact	Program Contact
Salutation			
First Name			
Last Name			
Job Title			
Telephone & Ext.			
Fax (if different)			
Email Address			
Address (if different)			
City			
State			
Zip Code			