

**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: \_\_\_\_\_

6. Name of Program (s): \_\_\_\_\_

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

8. Contractor Agency Federal Tax ID Number: \_\_\_\_\_

9. Contractor's Financial Reporting Year \_\_\_\_\_ through \_\_\_\_\_

**B. SERVICE DELIVERY SITE(S):**  
 \_\_\_\_\_

**C. AREA TO BE SERVED:** \_\_\_\_\_

**D. SERVICES TO BE PROVIDED:**

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

\_\_\_\_\_  
**(Signature of Authorized Person)**

\_\_\_\_\_  
**(Date Submitted)**