|  |
| --- |
| Contractor Legal Name:  |
|       |
| Day Labor Resource Center Name(s) and Location Address  |
|       |
| YouthSource Center’s s days of operation and hours of operation:  |

To update our records, please identify your contact people for the following areas:

|  |  |  |  |
| --- | --- | --- | --- |
| **Coordination of:** | **Contact Name** | **Phone** | **E-mail address** |
| Administrative Issues |       |       |       |
| Programmatic Issues |       |       |       |
| Fiscal Issues |       |       |       |
| Administrative Liaison for City Program |       |       |       |
| Contracts |       |       |       |
| Site Visits  |       |       |       |

 is interested in a contract with the City for PY 2021-22.

(Insert Contractor legal name above)

(Original) Signature of Individual Authorized to Sign Contracts

Print Name Title

Date