

Vendor Information

1. Provider/Signatory Information	
Provider/Agency Complete Legal Name:	
Clark County Business License #	
Name of the person signing the contract:	
Title of the person signing the contract:	
Provider Complete Address:	
Telephone Number:	
Fax Number:	
Email Address:	
2. Provider Point of contact for this project	
Name:	
Position/Title:	
Department/Unit:	
Email:	
Telephone Number:	
3. Complete information of where to submit the invoices (CHOOSE ONE)	
If via email:	
If via mail: need name (if applicable), department, and complete address	
4. CCSS Contract Compliance Team POC	
Name:	
Position/Title:	
Department/Unit:	
Email:	
Telephone Number:	
5. Information on where to send notices (letters, cause and corrective action, etc)	
County Name:	
County Department:	
County Address:	
County email address:	
Provider Name:	
Provider Department:	
Provider Address:	
Provider email address:	
6. Funding Source for this project.	
Fund:	Fund Name:
Fund Center:	Funded PGM/Grant: