

# Contractor Information Form

**Date Form Completed:** 5/4/2023

	This is the information that will appear on your contract (Standard Agreement).	
<b>Organization</b>	Federal Tax ID #	94-6000524 <span style="float: right;">Contract # RFA 23-10055</span>
	Name	County of Monterey
	Mailing Address	1270 Natividad Road, Salinas, CA 93906
	Street Address (If Different)	
	County	Monterey
	Phone	831-755-4500 <span style="float: right;">Fax 831-755-4797</span>
	Website	http://www.mtyhd.org/
	The <b>Contract Signatory</b> has authority to sign a contract.	
<b>Contract Signatory</b>	Name	Elsa M. Jimenez
	Title	Director of Health Services
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input checked="" type="checkbox"/>	
	Mailing Address	
	Street Address (If Different)	
	Phone	831-755-4526 <span style="float: right;">Fax 831-755-4797</span>
	Email	Jimenezem@co.monterey.ca.us
	The <b>Project Coordinator</b> is responsible for all of the day-to-day activities of project implementation and for seeing that all contractual requirements are met. This person will be in contact with State staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
<b>Project Coordinator</b>	Name	Christabelle Oropeza (Acting as Project Director)
	Title	Public Health Program Manager
	<b>If address(es) are the same as the organization above, just check this box and go to Phone</b> <input type="checkbox"/>	
	Mailing Address	1441 Schilling Place, 1 <sup>st</sup> Floor South, Public Health, Salinas, CA 93901
	Street Address (If Different)	
	Phone	831-755-4572 <span style="float: right;">Fax 831-755-4797</span>
	Email	Oropezacz@co.monterey.ca.us

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	Remittance Address: All payments are sent to this address.
<b>Payment Receiver</b>	Name <u>Joseph Ripley</u>
	Title <u>Finance Manager</u>
	<b><i>If address(es) are the same as the organization above, just check this box and go to Phone</i></b> <input checked="" type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
	Phone <u>(831)796-1250</u> Fax _____
	Email <u>RipleyJL@co.monterey.ca.us</u>
	The <b><i>Fiscal Reporter</i></b> prepares Invoices and is the primary contact for questions relating to these documents, as well as other fiscal documentation.
<b>Fiscal Reporter</b>	Name <u>Joseph Ripley</u>
	Title <u>Finance Manager</u>
	<b><i>If address(es) are the same as the organization above, just check this box and go to Phone</i></b> <input checked="" type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
	Phone <u>(831)796-1250</u> Fax _____
	Email <u>RipleyJL@co.monterey.ca.us</u>
	The <b><i>Fiscal Signatory</i></b> has signature authority for Invoices.
<b>Fiscal Signatory</b>	Name <u>Joseph Ripley</u>
	Title <u>Finance Manager</u>
	<b><i>If address(es) are the same as the organization above, just check this box and go to Phone</i></b> <input checked="" type="checkbox"/>
	Mailing Address _____
	Street Address (If Different) _____
	Phone <u>(831)796-1250</u> Fax _____
	Email <u>RipleyJL@co.monterey.ca.us</u>