***INSTRUCTIONS:***

1. *Use this form to report routine changes in Executive Director, Chief Financial Officer, other contract signatory, billing contact, board member, programmatic contact, program names, organizational name, ownership, tax id, organizational headquarter (described as (A) in Process for Provider and Program Changes).*
2. *Complete the form by checking the boxes below that correspond to your reported change and providing the additional information needed to update our records.**You may need to submit multiple forms for multiple changes.*
3. *Completed forms should be sent to your Assigned Program and Fiscal Contract Manager via email or fax to 510.567.8290.*
4. *You will receive receipt confirmation within 3 business days.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Notification\*** |       | Individual submitting this form\* |       |
| Organization Name\* |       |
| **Organization Contact Person\*** |       | **Organizational Contact Title\*** |       |
| **Organization Contact Phone\*** |       | **Organization Contact Email\*** |       |
| **Type of Change:** | **Additional Information needed by BHCS** |
| [ ]  **Executive Director**[ ]  **Chief Financial Officer**[ ]  **Other Contract Signatory**[ ]  **Billing Contact**[ ]  **Board Member**[ ]  **Agency-wide programmatic contact** | Previous name |       | New name |       | **Effective Date** |       |
| New mailing address |       | New email address |       | **New phone number** |       |
| [ ]  **Programmatic contact at a specific program or site** | Previous name |       | New name |       | **Effective Date** |       |
| New mailing address |       | New email address |       | **New phone number** |       |
| For which Program/RU does this change apply? |       |
| [ ]  **Program name** | Previous name |       | New name |       |
| RU |       | Effective Date |       |
| [ ]  **Organizational headquarters**[ ]  **Address for receipt of checks** | New mailing address |       | **Effective Date** |       |
| [ ]  **Organizational name\*\***[ ]  **Ownership\*\***[ ]  **Tax id number\*\*** | Previous information |       | New information |       | **Effective Date** |       |
| **Name of Authorized Contract Signatory\*** |       | **Signature of Authorized Contract Signatory\*** |  |
| ***FOR BHCS USE ONLY*** |
| *I have received this completed form and take responsibility for next steps to be completed according to established Network Office procedures. Next steps include confirmation of receipt to provider and submitting signed form to Administrative Point Person (Contract Managers), and the scanning and distribution of the signed form\*\*\* (Administrative Point Person). Next steps may also include follow-up around updating CBO Signature Authorization Form (Fiscal Contract Manager), submission of request to update merge database and Alcolink (Fiscal Contract Manager), and/or a board letter/contract amendment (Contract Managers).* |
| Program Contract Manager  |  | Signature |  | Date |  |
| **Fiscal Contract Manager** |  | Signature |  | Date |  |
| **Administrative Point Person** |  | Signature |  | Date |  |
| Notes (for any special circumstances) |  |