***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 in the specific section 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.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **A. Required Information:** | | | | | | | |
| **Date of Notification** | |  | | Individual submitting this form |  | | |
| Organization Name | |  | | | | | |
| **Organization Contact Person** | |  | | **Organization Contact Title** |  | | |
| **Organization Contact Phone** | |  | | **Organization Contact Email** |  | | |
| **B. Staff or Contact Change (please check one):** | | | | | | | |
| **Executive Director/President/CEO**  **Chief Financial Officer**  **Other Contract Signatory**  **Billing Contact**  **OIG Contact** | | | **Board Member**  **Agency-wide programmatic contact**  **Mailing address or phone/fax number**  **Quality Assurance Contact**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Effective Date** |  |
| ***\*\*\*If this is a new authorized signer, complete the*** [***Signature Authorization***](https://www.acbhcs.org/providers/network/docs/Forms/CBO_Signature_Authorization_Form.pdf) ***form and submit to your assigned Contract Manager in addition to this Provider Organizational Change Notification Form.*** | | | | | |
| 1. Previous name |  | | | New mailing address |  | **New phone number** |  |
| 2. New Name |  | | | New email address |  | **New fax number** |  |
| **For Programmatic contact at a specific program or site** | | | | | | | |
| 1. Previous name |  | | | New mailing address |  | **New phone number** |  |
| 2. New Name |  | | | New e-mail address |  | **New fax number** |  |
| For which Program/RU does this change apply? | | | |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **C. Organizational Change** | | | | | | | | | | | |
| **Program name** | | | **Organizational headquarters** | | | **Address for receipt of checks** | | | **Effective Date** | |  |
| **1. Previous name** |  | | | | **New mailing address** | | |  | **New phone number** | |  |
| **2. New name** |  | | | | **New email address** | | |  | **New fax number** | |  |
| Applies to which Program/RU? | | | |  | | | | | | | |
| **D. Legal Change (Requires additional steps)** | | | | | | | | | | | |
| **Organizational name** | | | **Ownership** | | | **Tax id number** | | | **Effective Date** |  | |
| **1. Previous information** |  | | | | **New mailing address** | | |  | | | |
| **2. New information** |  | | | | **New email address** | | |  | | | |
| **E. Signature** | | | | | | | | | | | |
| **Signature of Individual submitting this form** | | | | |  | | | | | | |
| ***FOR ACBH USE ONLY*** | | | | | | | | | | | |
| *I have received this completed form and take responsibility for next steps to be completed according to established Contract Unit procedures.*  *Next steps include:*   * *Confirmation of receipt to provider and submitting signed form to Administrative Point Person (Contracts Unit) - Fiscal/Program Contract Managers* * *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 –Fiscal/Program Contract Managers* | | | | | | | | | | | |
| Program Contract Manager | |  | | | | Signature |  | | Date |  | |
| **Fiscal Contract Manager(s)** | |  | | | | Signature |  | | Date |  | |
| **Administrative Point Person (Contracts Unit)** | |  | | | | Signature |  | | Date |  | |
| Notes (for any special circumstances) | |  | | | | | | | | | |