

# Annual Contract Service Site Form

This form represents CDPH's commitment to health equity by collecting information on location and the amount allocated for delegate agency services to assess distribution of resources.

Please complete the following as it relates to your contract. All fields must be entered using a computer, no handwriting.

1. PO Number \_\_\_\_\_

2. Budget Start and End Date \_\_\_\_\_

Check if contract is more than one year.

3. CDPH Program Name \_\_\_\_\_

4. Delegate Agency Name \_\_\_\_\_

Headquarter Office Address \_\_\_\_\_

Check if services under this contract will be provided at your Headquarter Office.

Zip Code + 4: \_\_\_\_\_

FEIN: \_\_\_\_\_

Total Award Amount: \$ \_\_\_\_\_

5. Select specific service site(s) where your agency will be providing services under this contract to evaluate where the actual physical location of your services will be performed.

(Choose only one box below)

Headquarters stated above is also the only service site for this contract. Form is complete. Stop here.

No specific service site(s). Form is complete after briefly explaining. Example: Services are mobile.

Specific Service Site(s). Complete below for each location:

**Service Site Location 1**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Total award amount allocated at this location \$ \_\_\_\_\_

Which 77 Chicago Community Area(s) will be served if known? \_\_\_\_\_

**Service Site Location 2**

Name \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Total award amount allocated at this location \$ \_\_\_\_\_

Which 77 Chicago Community Area(s) will be served if known? \_\_\_\_\_

**Service Site Location 3**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Total award amount allocated at this location: \$ \_\_\_\_\_

Which 77 Chicago Community Area(s) will be served if known? \_\_\_\_\_

*Please copy this sheet if you need to list more service sites.*

**CDPH use only. Do not write below this line.**

Form was reviewed by CDPH Program Director for accuracy and completeness.

Signature \_\_\_\_\_ Date \_\_\_\_\_