

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
VENDOR AND CONTRACT CONTACT UPDATE REQUEST FORM

Organization Information		
Legal Name:		
Doing Business As (DBA) Name (if applicable):		
Federal ID:	Muni Code (if applicable):	New York State Vendor Id Number:
Street Address 1:		
Street Address 2:		
City :	State:	Zip:
Chief Administrative Officer		<input type="checkbox"/> Check here to inactivate current "CAO" in CMS
Name:		
Title:		
Email Address: *		
Phone Number:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip:
Chief Financial Officer		<input type="checkbox"/> Check here to inactivate current "CFO" in CMS
Name:		
Title:		
Email Address: *		
Phone Number:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip:
Contract Contact Information: Please submit one form per contact, specifying the applicable contract numbers in the space provided.		<input type="checkbox"/> Check here to inactivate current "Contract Contact" in CMS
Contract Number(s):		
Contact Name:		
Contact Title:		
Contact Email Address:*		
Phone Number:		
Street Address 1:		
Street Address 2:		
City:	State:	Zip:
This section is to be completed by authorized vendor personnel only.		
Name:		
Signature: X		Date:
Title:		

* This should be an individual email address. Confidential User ID information will be emailed to this address.
See reverse side for instructions.

VENDOR AND CONTRACT CONTACT UPDATE REQUEST FORM INSTRUCTIONS

The Vendor and Contract Contact Update form must be completed by vendors to update their organizational and contract contacts within the Office of Children and Family Services (OCFS) Contract Management System (CMS). It is essential that vendors provide OCFS with timely notification of any changes as this information is used to route correspondence distributed via the United States Postal Services as well as by email. To this end, please ensure a valid individual email address is included for each contact.

Organization Information

All fields must be completed; the only exceptions are the DBA Name and Muni Code.

- **Muni Code** - The municipal code is used only for municipal organizations. If it does not apply, the box would be left blank. Questions regarding municipal codes should be directed to the OCFS Contract Manager.
- **Legal Name** – Enter as it appears on the Articles of Incorporation or Business Certification.
- **Federal ID** – Enter your 9 digit federal ID; please do not enter any dashes (-).

Chief Administrative Officer

This section is used to identify the Chief Administrative Officer for your organization.

Chief Fiscal Officer

This section is used to identify the Chief Fiscal Officer for your organization.

Contract Contact

This section is used to identify contract specific contacts for your organization. Please complete one form for each contact. For example, if your organization has 5 contracts and each is handled by a different staff member, you would submit five forms. Alternatively, if one of your staff members is responsible for three contracts, you would submit one form for all three contracts.

Please send the completed Update form(s) to the attention of Natasha McCain with a cc to your Contract or Program Manager. **Note that the form must be signed by staff authorized to approve changes on behalf of the organization.** Forms may be emailed to: <mailto:Natasha.McCain@ocfs.ny.gov> or faxed to: (518) 474-9384.

Forms may also be submitted via United States postal mail to the address below.

New York State Office of Children and Family Services
Bureau of Contract Management
52 Washington Street
South Building, Room 202
Rensselaer, New York 12144-2796
Attention: Ms. Natasha McCain