

**Contractor Roster**  
**Plan Period: 4/1/2020- 3/31/2021**

Period \_\_\_\_\_ to \_\_\_\_\_  
 Original Date Prepared:  
 Date Revised:  
 Date Last Saved:

<b>Name:</b> _____ <b>Contractor Code:</b> _____ <b>Employer ID:</b> _____ <b>E-Mail Address:</b> _____ <b>Phone Number:</b> _____ <b>MWBE Contractor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Rural contractor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of contracts, (State &amp; Federal), with this contractor:</b> <input type="checkbox"/> _____ <b>Contractor Type:</b> _____ <b>Contract is:</b> <b>Active:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>III-B</b>	<b>III-C-1</b>	<b>III-C-2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
	\$ _____  Services to be provided:										

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

<b>Name:</b> _____ <b>Contractor Code:</b> _____ <b>Employer ID:</b> _____ <b>E-Mail Address:</b> _____ <b>Phone Number:</b> _____ <b>MWBE Contractor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Rural contractor:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Number of contracts, (State &amp; Federal), with this contractor:</b> <input type="checkbox"/> _____ <b>Contractor Type:</b> _____ <b>Contract is:</b> <b>Active:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>New:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>III-B</b>	<b>III-C-1</b>	<b>III-C-2</b>	<b>III-D</b>	<b>III-E</b>	<b>EISEP</b>	<b>CSE</b>	<b>CSI</b>	<b>WIN</b>	<b>OTHER</b>	<b>TOTAL</b>
	\$ _____  Services to be provided:										

Will this contractor subcontract, subgrant or enter into an MOU with any other entity to provide direct services to clients?  Yes  No

<b>Page Subtotal:</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
<b>Grand Total: (Complete on final page.)</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

'Other Funding' Source Codes:

- |                              |                              |                               |                               |                               |                               |
|------------------------------|------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 1) Title III-D               | 5) From "Additional Funding" | 9) From "Additional Funding"  | 13) From "Additional Funding" | 17) From "Additional Funding" | 21) From "Additional Funding" |
| 2) CSI                       | 6) From "Additional Funding" | 10) From "Additional Funding" | 14) From "Additional Funding" | 18) From "Additional Funding" | 22) From "Additional Funding" |
| 3) Unmet Need                | 7) From "Additional Funding" | 11) From "Additional Funding" | 15) From "Additional Funding" | 19) From "Additional Funding" | 23) From "Additional Funding" |
| 4) From "Additional Funding" | 8) From "Additional Funding" | 12) From "Additional Funding" | 16) From "Additional Funding" | 20) From "Additional Funding" | 24) From "Additional Funding" |