Attachment A-2

**DEPARTMENT OF DEVELOPMENTAL SERVICES’**

**MENTAL HEALTH SERVICES ACT PROJECTS**

**CYCLE V - FISCAL YEARS 20/21 THROUGH 22/23**

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| **REGIONAL CENTER AND SUBCONTRACTOR COVER SHEET** |
| **Name of Regional Center** |       |
| **Mailing Address** |       |
| **RC Project Manager** | **Phone Number** | **Email** |
|       |       |       |
| **RC Chief Financial Officer** | **Phone Number:** | **Email** |
|       |       |       |
| **RC Executive Director** | **Phone Number** | **Email** |
|       |       |       |
| **1st Project Subcontractor** | **Phone Number** | **Email** |
|       |       |       |
| **2nd Project Subcontractor** | **Phone Number** | **Email** |
|       |       |       |
| **3rd Project Subcontractor** | **Phone Number** | **Email** |
|       |       |       |
| **4th Project Subcontractor** | **Phone Number** | **Email** |
|       |       |       |