

**State and Federal Programs Department
Supplemental Educational Services (SES)**

SES Providers Contact Information

**Provider is responsible for updating the contract information if needed SES Provider
Organization Name:**

Information Current as of date:

MAIN LEA Contact

(This will be LEA point of contact for emails, telephone calls and mail not related to invoices)

Person:

Title:

Phone:

Alt. Phone:

E-Mail:

Address/City/Zip:

LOCAL LEA Contact (if different than above)

Person:

Title:

Phone: Alt. Phone:

E-Mail:

Address/City/Zip: