## STATE OF CALIFORNIA CALIFORNIA DEPARTMENT OF AGING AGENCY CONTACTS DESIGNATION FORM CDA 045 (REV 07/2017)



AAA Number:			Submission Date:				
AAA INFORMATION:	(Only require	ed if ther	e is an upda	ite) * Ch	ange Requi	res STD 204	
*Legal Name:							
DBA Name:							
*Business Address:			City, State, Zip:				
*Mailing Address:			City, State,	City, State, Zip:			
Email:		Website:					
:		:	I & A Line:				
CONTACT INFORMATION:			Action:				
First Name: Last Name				Title:			
Email:	Edot Name.		:	11110.			
Program:	I Alignment	HICAP	MIPPA	SCSE	EP/Title V	SNAP-Ed	
Role: Admin Assistant Contracts Rep. Info & Assist Coord. Nutritionist		Disa	ster Coord. oudsman Coo	Dire	Director Fiscal Planner SCSEP Coord.		
CONTACT INFORMATION: Action:							
First Name: Last Name:				Title:			
Email:							
Program: Area Plan Financial Alignment		HICAP	MIPPA	SCSE	SCSEP/Title V SNAP-Ed		
Role: Admin Assistant Info & Assist Coord.	Contracts Rep. Nutritionist		ster Coord. oudsman Coo	_	ector Fis	cal SEP Coord.	
CONTACT INFORMATION:				Action:			
First Name: Last Name:		<u> </u>			Fitle:		
Email:	I		:		:		
Program: Area Plan Financia	l Alignment	HICAP	MIPPA	SCSE	EP/Title V	SNAP-Ed	
Role:     Admin Assistant			ster Coord. oudsman Coo	_	ector Fis	cal SEP Coord.	
AAA Director's Signature:			Date:				

Once completed, email this form to  $\underline{AAA contactinfo@aging.ca.gov}.$