

# CONTRACTOR INFO SHEET

## FACILITIES

Site Address \_\_\_\_\_

Site Tax Pin \_\_\_\_\_ RFP Deadline \_\_\_/\_\_\_/\_\_\_\_\_ RFP Sent \_\_\_/\_\_\_/\_\_\_\_\_

Contractor/Builder \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

IT Contractor

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Utilities Provider \_\_\_\_\_ Service \_\_\_\_\_

Account# \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_\_\_

Utilities Provider \_\_\_\_\_ Service \_\_\_\_\_

Account# \_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_\_\_

## HUMAN RESOURCES

CEO Position Posted \_\_\_/\_\_\_/\_\_\_\_\_ Application Deadline \_\_\_/\_\_\_/\_\_\_\_\_

Interview Dates \_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_ Person Chosen \_\_\_/\_\_\_/\_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_\_\_

Major Medical Provider \_\_\_\_\_ Agent Info \_\_\_\_\_

Dental Provider \_\_\_\_\_ Agent Info \_\_\_\_\_

Vision Provider \_\_\_\_\_ Agent Info \_\_\_\_\_

Retirement Provider \_\_\_\_\_ Agent Info \_\_\_\_\_

Supplimental Insurance Provider \_\_\_\_\_ Agent Info \_\_\_\_\_

Enrollment Period From \_\_\_/\_\_\_/\_\_\_\_\_ To \_\_\_/\_\_\_/\_\_\_\_\_

Faculty Positions Identified \_\_\_/\_\_\_/\_\_\_\_\_ Positions Posted \_\_\_/\_\_\_/\_\_\_\_\_ Application Deadline \_\_\_/\_\_\_/\_\_\_\_\_

Interview Dates \_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_ People Chosen \_\_\_/\_\_\_/\_\_\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_\_\_

Employee Training Dates \_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_ \_\_\_/\_\_\_/\_\_\_\_\_

Notes:

# STUDENT MARKETING AND ENROLLMENT

Marketing Firm \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Collateral Materials**

PIECE	DESIGN DUE	APPROVED	TO PRINT	IN HAND
_____	__/__/____	__/__/____	__/__/____	__/__/____
_____	__/__/____	__/__/____	__/__/____	__/__/____
_____	__/__/____	__/__/____	__/__/____	__/__/____

Public Meetings Scheduled

LOCATION	DATE	TIME	#ATTENDED	# APPLIED
_____	__/__/____	_____ am/pm	_____	_____
_____	__/__/____	_____ am/pm	_____	_____
_____	__/__/____	_____ am/pm	_____	_____

Open Enrollment Dates \_\_/\_\_/\_\_\_\_ to \_\_/\_\_/\_\_\_\_ Lottery Date \_\_/\_\_/\_\_\_\_

## OPERATIONS

POSITION	NAME/ORGANIZATION	PHONE	EMAIL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Board Training Dates/Meeting Dates

LOCATION	DATE	TIME
_____	__/__/____	_____ am/pm
_____	__/__/____	_____ am/pm

Bank \_\_\_\_\_ Contact Person \_\_\_\_\_ Type of Account \_\_\_\_\_

Tax Exempt Status \_\_\_\_\_ Agent Info \_\_\_\_\_ Applied \_\_/\_\_/\_\_\_\_ Approved \_\_/\_\_/\_\_\_\_



**Go online to [www.KMSolutionsForCharters.com/toolbox](http://www.KMSolutionsForCharters.com/toolbox) for a full list of available resources.**

*All resources are provided free of charge to new charters.*

**KMSolutionsForCharters.com**

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