

## MANAGEMENT TEAM INFORMATION

1. Primary Contact for Contracting Issues Assigned to HCPSS Implementation		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
2. Project Manager Assigned to HCPSS Implementation		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
3. Technical Lead Assigned to HCPSS Implementation		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
4. Data Conversion (ETL) Person Assigned to HCPSS Implementation		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
5. Training Personnel Assigned to HCPSS Implementation		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
6. Other Personnel Assigned to HCPSS Implementation (Optional)		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
7. Other Personnel Assigned to HCPSS Implementation (Optional)		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	
8. Other Personnel Assigned to HCPSS Implementation (Optional)		
Name / Title / Role	Contact Information	Qualifications / Previous Experience
	Location:	# Yrs in this Role:
	Contact Work Phone:	Qualifications:
	Contact Cell Phone:	
	Contact Email:	