

A-1 Organization	Organizational Provider Name	Legal Entity Number	NPI Number - Type 2	Tax ID	Provider Group Name/Affiliation	Contract Effective Date	Contract Expiration Date
	<i>Enter the Organizational Provider's Name</i>	<i>Enter the 5-digit Legal Entity Number (Assigned to MHP Organizations)</i>	<i>Enter the 10-digit National Provider Identification (NPI) number assigned to the organization</i>	<i>Enter the organization's Tax ID</i>	<i>Enter the organization's Provider Group Name (if applicable)</i>	<i>Enter the contract effective date in the following format: mm/dd/yyyy</i>	<i>Enter the contract expiration date in the following format: mm/dd/yyyy</i>
1	Mendocino County Youth Project		1225182470	68-0278640		7/1/2018	6/30/2019
2							
3							
4							

Address	Suite	City	State	Zip Code	Maximum Number of Medical Beneficiaries	Current Number of Medical Beneficiaries
<i>Enter the organization's address (exclude suite or room number)</i>	<i>Enter the organization's suite number (if applicable)</i>	<i>Enter the organization's city</i>	<i>Enter the organization's state abbreviation (e.g. CA)</i>	<i>Enter the organization's 5-digit zip code</i>	<i>Enter the maximum number of beneficiaries the Organizational/Group Provider will accept</i>	<i>Enter the current number beneficiaries assigned to the Organizational/Group Provider</i>
776 South State Street	107	Ukiah	CA	95482		

Ownership Type	Name of CEO	Name of CFO
<i>Select the appropriate ownership type</i>	<i>Enter the chief executive officer's name (if applicable)</i>	<i>Enter the chief financial officer's name (if applicable)</i>
State-Local Government	Joanna Olson	Mandie Rojas