

# CARE OUTREACH CONTRACTOR INTAKE FORM

Please send completed form to [CAREandFERA@pge.com](mailto:CAREandFERA@pge.com)

ORGANIZATION INFORMATION			
Name of Organization:			
Address:			
City:	State:	Zip:	
<b>Mailing Address If Different from Above</b>			
Address:			
City:	State:	Zip:	
<b>Other Locations You Want Listed On PG&amp;E's Website</b>			
<i>If you have more than 2 locations, please list them in the comments section below.</i>			
<b>Location #1</b>		<b>Location #2</b>	
Address:		Address:	
City:	Zip:	City:	Zip:
PROJECT MANAGER INFORMATION <small>(Person Assigned to CARE Outreach)</small>			
Primary Contact Name:			
Email:			
Work Phone:	Cell Phone:		
ACCOUNTS RECEIVABLE INFORMATION <small>(Person Assigned to Process CARE Payments)</small>			
Primary Contact Name:			
Email:			
Work Phone:	Cell Phone:		
CARE CONTRACT OWNER <small>(Designated Signer for Organization)</small>			
Primary Contact Name:			
Title:			
Email:	Work Phone:		
OUTREACH INFORMATION			
Counties Your Organization Serves:			
Is your organization operating at 100% capacity during COVID? (Use comment section if needed.)			
What Are the Languages Offered?			
Do You Have New Staff That Need Training? If so, how many?			
What is the total number of CARE customers your organization plans to enroll in the CARE program per year?			
<b>Outreach Data</b>			
How many events did your organization host last year?			
How many customers touched last year?			
How many customers touched were served last year?			
<b>Social Media Outreach</b>			
<i>Please list below each platform your organization has social media presence and how many followers you have on each. If the platform is not listed below, please list under "other".</i>			
Facebook	Platform name: #	Instagram	Platform name: #
Twitter	Platform name: #	Pinterest	Platform name: #
Other:	Platform name: #	Other:	Platform name: #
<b>Target Population</b>			
<input type="checkbox"/> Veterans	<input type="checkbox"/> Multicultural	<input type="checkbox"/> Rural	<input type="checkbox"/> Low Income
<input type="checkbox"/> Seniors	<input type="checkbox"/> Native American	<input type="checkbox"/> Disabled	<input type="checkbox"/> Other
<b>Community Wildfire Safety Program</b>			
<i>Your organization's preference for educational materials and updates for Public Safety Power Shut-off</i>			

Education Materials <input type="checkbox"/> Yes <input type="checkbox"/> No	Alerts and Updates <input type="checkbox"/> Yes <input type="checkbox"/> No
Person of Contact for PSPS updates:	
Email:	Phone:
<b>COMMENTS</b>	
Feedback on assistance for medical baseline customers or improvements to PG&E's Programs and services.	
<b>Questions?</b> If you have any questions, please contact us at <a href="mailto:CAREandFERA@pge.com">CAREandFERA@pge.com</a>	