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| **Transforming Lives** |  **Contractor Information Update (for existing DSHS contractors)** |
| **Section One: This section is for existing Contractors to provide current information as applicable.** |
| Please complete the table below.* Please complete your contact name, address, or name of person authorized to sign DSHS contracts, and enter those updates in the right column.
* If you need to update other information on record, you must complete a new Contractor Intake Form. Contact the person who sent you this form.
* If you need to update your self-reported or certified status as a Women Owned Business Enterprise (WBE), Minority Owned Business Enterprise (MBE), Veteran Owned Business Enterprise (VBE), Disadvantaged Business Enterprise (DBE), or Micro-, Mini-, or Small Business, you must complete a new Contractor Intake Form. Contact the person who sent you this form.
 |
| **Information Description** | **Contractor Information** |
| Contractor Name: |   |
| Business Organization: | Choose an item. |
| EIN or SSN: | Choose an item.  |
| Contracts Terminated for Default: |   |
| Mandatory Employee Waiver Certificate: | Does your business require its employees to sign or agree to, as a condition of employment, mandatory individual arbitration clauses or class or collective action waivers? [ ]  Yes [ ]  No |
| Fiscal Year End: |   |
| UBI, and Dun and Bradstreet (DUNS): | UBI: DUNS:  |
| Primary Contact Name: |   |
| Primary Phone Number: |   |
| Primary Email: |   |
| Primary Fax: |   |
| Primary Address: |   |
| Name of Person who signs DSHS Contracts: |   |
| **Section Two: Address and/or Staff. This section allows you to add an address and/or staff person for this DSHS Contract.** |
| * Is the primary address listed above the address DSHS should use for this contract? [ ]  Yes [ ]  No

(If your answer is yes, proceed to next bullet. If your answer is no, provide the address for this contract on **Page 2**.) * Is the primary contact name listed above the person DSHS should contact for this contract? [ ]  Yes [ ]  No

(If your answer is yes, proceed to next bullet. If your answer is no, provide the contact person for this contract on **Page 2**.) * Will the person who signs DSHS contracts listed above be signing this DSHS contract? [ ]  Yes [ ]  No

(If your answer is yes, proceed to Section Three. If your answer is no, provide the name of the person who will sign this contract on **Page 2**.)  |
| **Section Three: Information Update Authorization** |
| Please insert today’s date ( )as the date you updated your contractor information. Please insert your name and title ( , ) as the person authorized to update your contractor information.E-mail or fax your completed form to the person who sent you this form.  |
| **Address DSHS should use for this Contract(If you have additional addresses for this Contract, attach a listing of additional addresses.)** |
| [ ]  Billing Address[ ]  Facility Address[ ]  Mailing Address | ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)  |
| CITY, STATE, AND ZIP CODE  |
| PHONE NUMBER (INCLUDE AREA CODE)**(** **)**  | COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)  |
| FAX NUMBER (INCLUDE AREA CODE)**(** **)**  | EMAIL ADDRESS  |
| **Contact Person DSHS should use for this Contract(If you have additional contact persons for this Contract, attach a listing of additional contact persons.)** |
| Contact person for this Contract is a(n): [ ]  Owner [ ]  Officer or Board Member [ ]  Partner [ ]  Staff Member [ ]  Elected Official [ ]  Other (please identify (DSHS staff enter as applicable on ACD)Is the contact person authorized to sign contracts? [ ]  Yes [ ]  NoIs the contact person a contact for this DSHS contract? [ ]  Yes [ ]  No |
| CONTACT PERSON’S NAME  | CONTACT PERSON’S EMAIL ADDRESS  |
| PHONE NUMBER (INCLUDE AREA CODE)**(** **)**  | FAX NUMBER (INCLUDE AREA CODE)**(** **)**  | PAGER NUMBER (INCLUDE AREA CODE)**(** **)**  | CELLULAR PHONE NUMBER (INCLUDE AREA CODE)**(** **)**  |
| **Person who will be signing this Contract(If the contact person entered above will also sign this Contract, you don’t need to enter their information again.)** |
| Person authorized to sign this Contract is a(n): [ ]  Owner [ ]  Officer or Board Member [ ]  Partner [ ]  Staff Member [ ]  Elected Official [ ]  Other (please identify (DSHS staff enter as applicable on ACD)Is the contact person authorized to sign contracts? [ ]  Yes [ ]  NoIs the contact person a contact for this DSHS contract? [ ]  Yes [ ]  No |
| CONTACT PERSON’S NAME  | CONTACT PERSON’S EMAIL ADDRESS  |
| PHONE NUMBER (INCLUDE AREA CODE)**(** **)**  | FAX NUMBER (INCLUDE AREA CODE)**(** **)**  | PAGER NUMBER (INCLUDE AREA CODE)**(** **)**  | CELLULAR PHONE NUMBER (INCLUDE AREA CODE)**(** **)**  |
| **Section Four: Contractor Certification** |
| **You must sign, date and return this form.**I certify under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct and that I will notify DSHS of any changes in any statement. |
| SIGNATURE DATE  | PRINTED NAME  | TITLE  |