**New Provider**

|  |  |
| --- | --- |
| Agency name | Profit  NON-PROFIT |
| Agency Address City/State/Zip | |
| Telephone number | |
| FEIN Tax ID # | |
| DUNS # (if applicable) | |
| Corporation  Limited liability company  Individual  S Corp  Partnership  Government agency | |
| Mailing Address *(If Different than Above)* City/State/Zip | |
| Agency’s Contract Administrator name | |
| Title | |
| telephone number | |
| Email Address | |

**Service(s) provided**

|  |
| --- |
|  |
|  |

**Rate(s) for service(s)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** | **Units**  **(No. & Type)** | **Unit Cost** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Other information/Details/Notes/Comments:**

|  |
| --- |
|  |

Please mark below that best describe your agency type:

|  |  |
| --- | --- |
|  | CertifiedMinority-Owned   Women-Owned   Veteran-owned    Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Not a certified  MBE, DVB, or WBE |

**Return the following with this form:**

|  |  |
| --- | --- |
| ☐ | IRS form W-9 |
| ☐ | Certification of commercial general liability insurance |
| ☐ | Copy of current license and/or certification for each service/program (if applicable) |
| ☐ | Budget Worksheet (if applicable) |

Submit to:   
[DHSContracts@kenoshacountywi.gov](mailto:DHSContracts@kenoshacountywi.gov)