**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