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| **NAME OF SERVICE PROVIDER (INDIVIDUAL OR COMPANY)** |  |

**Section I**

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|  | **All Service Providers are required to be pre-approved by DFCS and must submit the following documents:**   1. W-9 (See attached blank form) 2. Vendor MGMT form (see attached blank form) 3. Three (3) Professional Letter References (At least one (1) reference must be a CEO/owner/director/county director or higher in an organization for which the Service Provider has provided Human Services and volumes as described in this application for (3) three or more years) 4. **Financial Capabilities** (Service provider choses A, B, or C). **Authenticity Statement required for any type chosen.**   (A) If a public company/entity, Service Provider **must provide its most recent audited financial reports/statements (must be within 12 months of application)**.  (B) If a private company/entity the service provider must provide #1 or #2 documents.   * Service Provider **must provide a copy of its most recent annual audited financial reports/statements (must be within 12 months)**. * **Authenticity Statement** (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)   **Or**   * If no audited financial reports/statements are available, **Service Provider must provide a copy of its internal financial reports/statements including at minimum** : * **Balance Sheet** (i.e. cash, property, any cash owed or due), * **Profit & Loss Statement** (i.e. all income and expenses for last year, money made and paid out), and * **Cash Flow Statement** (i.e. the total amount of money the business has brought in and spent over the last year) * **Bank Statements** (for past 12 months of as verification of Cash Flow Statement). * **Authenticity Statement** (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)   **Or**  (C.) **If individuals**, **Service Provider must provide their bank statement for the past 6 months (the bank statement should be under the name of the individual Service Provider that is listed on the submitted documents)**.   * **Authenticity Statement (All financial documents must include or be accompanied by a certification statement signed by the CFO, President/CEO, or other senior officer that all documents represent a true and accurate reflection of the entity's financial condition) (i.e. the person responsible for the business or their designated person needs to write a letter verifying that the information is correct and true.)**  1. The organization chart (see attachment Support Services Organizational Chart) including owner, staff and/or subcontractors (**No other staff o0r sub-contractor documents are required for submittal**) 2. A **signed copy** of Attachment A, Contract Requirements. 3. A notarized Security and Immigration Affidavit 4. A completed Tax Compliance Form 5. Company Information (Please respond in: Section IV Narrative Response):  * **Company Full Legal Name** * **Address** * **Authorized Contact Person's Name** * **Contact Person's Telephone Number** * **Contact Person's Email address** * **Company's Fiscal Year End Date (DD/MM)** * **Teamwork’s Vendor ID (if your Agency already has one)**   **NOTES:**  **If Service Provider is awarded a contract DFCS contract administration will notify them of all expanded requirements that need to be completed prior to any service provision.** |

**Section II**

**Narrative Response**

**Company Information**

1. Company Full Legal Name:
2. Address:
3. Authorized Contact Person's Name:
4. Contact Person's Telephone Number:
5. Contact Person's Email address:
6. Company's Fiscal Year End Date (DD/MM):
7. Teamwork’s Vendor ID (if your Agency already has one, if not, write N/A):