|  |  |
| --- | --- |
| **logo** |  **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), Disadvantaged Business Enterprise (DBE), Community-Based Organization (CBO), or Faith Based Organization (FBO), you must complete a new Contractor Intake Form. Contact the person who sent you this form.
 |
| **Information Description** | **Contractor Information** |
| Contractor Name: |  |
| Business Organization: |  |
| TIN or SSN: |  |
| Contracts Terminated for Default: |  |
| Fiscal Year End: |  |
| UBI Number: |  |
| Primary Contact Name: |  |
| 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): [ ]  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  |
| 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): [ ]  Officer or Board Member [ ]  Partner [ ]  Staff Member [ ]  Elected Official [ ]  Other (please identify)  (DSHS staff enter as applicable on ACD)Is person authorized to sign this contract? [ ]  Yes Is 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)**(     )** |