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.

<table>
<thead>
<tr>
<th>Information Description</th>
<th>Contractor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor Name:</td>
<td></td>
</tr>
<tr>
<td>Business Organization:</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>EIN or SSN:</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Contracts Terminated for Default:</td>
<td></td>
</tr>
<tr>
<td>Fiscal Year End:</td>
<td></td>
</tr>
<tr>
<td>UBI, and Dun and Bradstreet (DUNS):</td>
<td>UBI:</td>
</tr>
<tr>
<td>Primary Contact Name:</td>
<td></td>
</tr>
<tr>
<td>Primary Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Primary Email:</td>
<td></td>
</tr>
<tr>
<td>Primary Fax:</td>
<td></td>
</tr>
<tr>
<td>Primary Address:</td>
<td></td>
</tr>
<tr>
<td>Name of Person who signs DSHS Contracts:</td>
<td></td>
</tr>
</tbody>
</table>

**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.

Exhibit C-1
**Address DSHS should use for this Contract**

*(If you have additional addresses for this Contract, attach a listing of additional addresses.)*

<table>
<thead>
<tr>
<th>Billing Address</th>
<th>Facility Address</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS FOR THIS CONTRACT (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)</td>
<td>CITY, STATE, AND ZIP CODE</td>
<td></td>
</tr>
</tbody>
</table>

PHONE NUMBER (INCLUDE AREA CODE)  
( )  
COUNTY WHERE ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)

FAX NUMBER (INCLUDE AREA CODE)  
( )  
EMAIL ADDRESS

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**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  
- [ ] No

Is 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)  
( )

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**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  
- [ ] No

Is 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)  
( )

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**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

DSHS 27-044A (REV. 08/2015)  
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