|  |  |  |
| --- | --- | --- |
|  | DIVISION OF VOCATIONAL REHABILITATION  **DVR Additional Contractor Information** | |
| **1. Contractor Information. Please PRINT clearly in all boxes, except for signature box.** | | |
| CONTRACTOR NAME AS REGISTERED WITH THE IRS | | CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT |
| **2. Contracting Information** | | |
| A. Years of experience your organization has providing the type of services purchased through this contract?  years | | |
| B. Is this the first contract with DSHS or other state agencies for your organization?  Yes (skip to C)  No | | |
| B.1. Is your organization currently or has your organization been the subject of any investigation or finding(s) due to a DSHS or other state agency investigation regarding the performance of a criminal act, abridgement of human rights, or improper billing practices?  Yes  No  If YES, please provide details below or on a separate sheet of paper. | | |
| B.2. Has your organization had a contract terminated for default by DSHS or other state agencies?  Yes  No. | | |
| B.3. Have you received any audit findings related to state contracts in the past two (2) years?  Yes  No. | | |
| C. Do you currently have other active DSHS, state agency, or other government contracts?   Yes (How many: )  No | | |
| C.1. Do you have contract(s) or receive funds for the provision of similar services as purchased through this contract?  Yes  No. | | |
| D. Do you have any unresolved invoicing or service issues with any current contracts?  Yes  No. | | |
| **3. Contractor Financial Information** | | |
| Please provide your company’s Statewide Vendor Number (SWV) as assigned by the Department of Enterprise Services (DES): SWV number  If you have not yet received a SWV number, please provide the date you submitted the registration paperwork to DES: | | |
| **4. Signature** | | |
| CONTRACTOR’S SIGNATURE DATE | | |
| PRINTED NAME | | TITLE |