

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:	
in you have not yet received a GVVV number, please provide the date you submitted the registration paperwork to BEG.	
4. Signature	
CONTRACTOR'S SIGNATURE	DATE
PRINTED NAME	TITLE