

DIVISION OF VOCATIONAL REHABILITATION

DVR Additional Contractor Information

1. C	ontractor Information. Please PRINT clearly in all b	oxes, except for signature box.	
CONT	TRACTOR NAME AS REGISTERED WITH THE IRS	CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT	
2. C	ontracting Information		
Α.	Years of experience your organization has providing the	he type of services purchased through this contract?	
	years	,, ,	
B.	Is this the first contract with DSHS or other state agen	cies for your organization? ☐ Yes ☐ No	
B.1.			
	. Is your organization currently or has your organization been the subject of any investigation or finding(s) due to a		
D.Z.	DSHS or other public 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.3.	3. Has your organization had a contract terminated for default by DSHS or other public agencies? Yes No		
	If "Yes," please include the termination letter when you		
	Please list the contract numbers for the contract(s) wh	· ·	
В.4.	Has your organization received audit findings related t the past two (2) years? ☐ Yes ☐ No	to any public contracts which your agency was a party to in	
B5.	. Has your organization done business under any other business name, Employer Identification Number (EIN), or Washington State Unified Business Identifier (UBI)? Yes No		
	If "Yes," please list any other identifiers under which ye	ou have done business on Page 2.	
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?		
0.1.	Yes No	sion of similar services as parenased through this contract:	
	If "Yes," please list the additional sources and contracts on Page 2.		
3. Contractor Financial Information			
Please provide your company's Statewide Vendor Number (SWV) as assigned by the Office of Financial Management (OFM): SWV number			
If you have not yet received a SWV number, please provide the date you submitted the registration paperwork to DES:			
	ignature FRACTOR'S SIGNATURE	DATE	
CONT	THACTOR 3 SIGNATURE	DATE	
PRIN	TED NAME	TITLE	

Supplemental Information

Using the following table, please fill out any requested information from the previous page.

Please include the Contract Number, Other Business Name(s), EIN, UBI, and Funding Source for the Provision of Similar Services for each item listed under rows 1 – 4 in the Contractor Additional Information column.

If the information from the Contractor Additional Information column does not apply, please include "N/A" in the following columns.