**Contractor Intake Form**

**1 – Identifying Information**

|  |  |
| --- | --- |
| **A)** Contractor Legal Name:      | **B)** DBA or Facility Name:      |
| **C)** WA Uniform Business Identifier (UBI) Number:      | **D)** Taxpayer Identification Number (TIN):      |
| **E)** State Wide Vendor Number (SWV#):      |  |

**2 – Contractor Address**

|  |
| --- |
| **A)** Number, Street, Apartment/Suite:      |
| **B)** City, State, Zip Code:     ,             |
| **C)** Email Address:      | **D)** Phone Number:(     )      -      |

**3 – Contractor/Vendor Primary Contact**

|  |  |
| --- | --- |
| **A)** Full Name:      | **B)** Job Title:      |
| **C)** Email Address:      | **D)** Phone Number:(     )      -      |
| Authorized to Sign Contracts? [ ]  Yes [ ]  No **If ‘no’ selected – Section Four (4) is REQUIRED**  |

**4 – Contractor/Vendor Primary Signatory**

|  |  |
| --- | --- |
| **A)** Full Name:      | **B)** Job Title:      |
| **C)** Email Address:      | **D)** Phone Number:(     )      -      |

**5 – Additional** **Contractor/Vendor Staff to be Notified**

|  |  |
| --- | --- |
| **A)** Full Name:      | **B)** Email Address:      |
| **C)** Full Name:      | **D)** Email Address:      |

**6 – Contract Information**

|  |  |  |
| --- | --- | --- |
| **A)** Contract Number:      | **B)** Exact Start Date: [Date or DOE] | **C)** Exact End Date (this contract/work order/amendment ONLY):      |
| **D)** Funding Amount (this contract/work order/amendment ONLY):      | **E)** Funding Amount (ALL amendments included):       |
| **F)** Additional Instructions:      |

Completed By: [Name] Date: [Date]