Exhibit E– Applicant Intake Form

Every box must be filled out, if applicable.

|  |
| --- |
| **1. IDENTIFYING INFORMATION** |
| 1. Applicant Legal Name:
 |       |
| 1. DBA or Facility Name:
 |       |
| 1. WA Uniform Business Identifier (UBI) Number:
 |       |
| 1. Taxpayer Identification Number (TIN):
 |       |
| E) Are you a woman, minority or veteran owned business or a small business? If yes, please provide certification number: |       |
| F) \*If the Applicant does not have a UBI number, the Applicant must confirm that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Applicant. By signing below, the Applicant indicates their agreement to Section 1, Identifying Information, Subsection E of this form. |
| Authorized Signature | Name / Title | Date |
|       |       |       |
| **2. APPLICANT ADDRESS** |
| 1. Number, Street, Apartment, Suite:
 |       |
| 1. City, State, Zip Code + $:
 |       |
| 1. Email Address:
 |       |
| 1. Phone Number:
 |       |
| **3. APPLICANT PRIMARY CONTACT** |
| 1. Full Name:
 |       |
| 1. Job Title:
 |       |
| 1. Email Address:
 |       |
| 1. Phone Number:
 |       |
| Authorized to Sign Contracts? | [ ]  Yes | [ ]  No. If “No” is selected, Section Four (4) is REQUIRED. |
| **4. APPLICANT SIGNATORY** |
| 1. Full Name:
 |       |
| 1. Job Title:
 |       |
| 1. Email Address:
 |       |
| 1. Phone Number:
 |       |
| **5. CONTRACT CONTACT (If different than Applicant Primary Contact)** |
| 1. Full Name:
 |       |
| 1. Job Title:
 |       |
| 1. Email Address:
 |       |
| 1. Phone Number:
 |       |

Return Exhibit E- Applicant Intake Form as part of your bid submittal to Procurement Coordinator at:

HCAProcurements@hca.wa.gov