***Agency Information***

|  |  |
| --- | --- |
| Agency Name: | Profit [ ] NON-PROFIT [ ]  |
| Agency Address City/State/Zip |
| Remittance Address *(If Different than Above)* |
| Agency Director / CEO |
|  **Telephone Number**  |
|  **Director’s email address**  |
| **Contract Contact Person *(If different than Director)*** |
|  **Telephone Number**  |
|  **Contact’s email address**  |
| Fiscal Contact Person  |
|  **Telephone Number**  |
|  **Fiscal Contact’s email address**  |
| **NPI Number (if applicable)**  |
| **DUNS # (if applicable)**  |

**Program Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name** | **Units****(No. & Type)** | **Unit Cost** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## **Certification**

In making this proposal, the proposing organization certifies: 1) that all regulations and policies of Racine County Human Services Department and the State of Wisconsin will be adhered to; 2) that all information is complete and correct; 3) that the signer of this proposal is authorized to submit and certify this proposal; 4) that the proposing organization is a legal entity under the laws of the State of Wisconsin, or authorized to operate in the State of Wisconsin; and 5) that they understand 2023 audit waivers must be received AND approved prior to 1/1/2023:

|  |  |  |
| --- | --- | --- |
| **Signature** | Name and Title | **Date** |

**RACINE COUNTY HUMAN SERVICES DEPARTMENT**

2023 Provider Diversity Declaration

The State of Wisconsin implemented a new requirement that requires all counties to track and report their current agreements with diverse businesses.

Please mark the statement(s) below that best describe your organization:

|  |  |
| --- | --- |
|  ☐  |  The organization is a certified minority-owned business   |
|  ☐  |  The organization is a certified service-disabled veteran-owned business   |
|  ☐  |  The organization is a certified woman-owned business   |
|  ☐  |  The organization self-identifies as a minority-owned business   |
|  ☐  |  The organization self-identifies as a service-disabled veteran-owned business   |
|  ☐  |  The organization self-identifies as a woman-owned business   |
|  ☐  |  The organization is not a certified MBE, DVB, or WBE and does not self-identify as one   |

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this document with your application.**

If you would like more information on becoming a certified MBE, DVB, or WBE, please email HSDContracts@racinecounty.com or call 262-638-6671.