***Section A ~ 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 2023 audit waivers must be received AND approved prior to the:

|  |  |  |
| --- | --- | --- |
| **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.

***Section B ~*** **Agency Documentation**

1. ***Agency Description:***

*(Complete only if you are responding to a competitive bid or have not had a contract with Racine County during the previous contract year.)*

1. ***Organization Chart:***
2. ***County Employee Disclosure:***
3. ***Agency and Subsidiary Affiliations:***
4. ***Licenses and Accreditation:***

***Section C ~* ApplicationNarrative Requirements**

1. ***Summary Description:***
2. ***Previous Experience with Similar Populations and/or Demonstrated Effectiveness:*** *(Complete this part only if you are responding to a competitive bid or have not had a contract with Racine County during the previous contract year)*
3. ***Agency Capacity:***
4. ***Description of the Program:***