



PURCHASE OF SERVICES PROVIDER DIVERSITY AND AUTHORIZED CONTACT INFORMATION SHEET

DATE: _____

PROVIDER NAME: _____

CONTRACT(S) # _____

COMPLETED BY: _____ **TITLE:** _____

The following information is required for State of Wisconsin fiscal reporting.

Check the appropriate status: **Non-Profit** _____ **Profit** _____

State of Wisconsin Certifications:

Minority Business Entity (MBE) _____
(51% owned, controlled and actively managed by minorities)

Woman Owned Business Entity (WBE) _____
(51% owned, controlled and actively managed by women)

Disabled Veteran Business (DVB) _____
(51% owned, controlled and actively managed by disabled veterans)

The following section is to confirm contract contact information.

Authorized Signer:	Title:
Email:	Phone Number:
Primary Contact:	Title:
Email:	Phone Number:
Financial Contact:	Title:
Email:	Phone Number:

Please return this completed sheet with your signed contract to:
Dane County Department of Human Services
Attn: Contract Coordination Assistant
E-Mail: dcdhscontracts@countyofdane.com

If you have any questions, send them to dcdhscontracts@countyofdane.com.