



Legal Name of Vendor as it should appear on the Contract/Purchase Order including any dba:

Huerfano County Department of Human Services

Address: 121 W 6th Street

City: Walsenburg State: CO Zip Code: 81089 County: Huerfano

FEIN # _____ State of Incorporation Colorado

All Vendors must have a SAM.gov UEI# (except Individuals) SAM.gov Unique Entity Identifier (UEI) # _____

Does your agency have a Federally Negotiated or State Negotiated Indirect Rate? Yes No
If Yes, please send a copy of the approval letter with this form.

Secretary of State ID # _____ Fiscal Year End Date (MM/DD) 12/31

Type of Entity (please mark one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Individual (only Entity Type that does not require SAM.gov UEI #) | <input type="checkbox"/> Not-For-Profit Corporation | <input type="checkbox"/> For-Profit |
| <input type="checkbox"/> Professional Corporation (PC) | <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Limited Liability Partnership (LLP) |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Joint Venture | <input checked="" type="checkbox"/> Government |

Primary Contact to Receive ALL Correspondence:

Name: Heather Wellman
Title: Director of Human Services
Email: heather.wellman@state.co.us
Phone: (719) 738-2810 x 118

CFO or Financial Contact:

Name: Janet James
Title: Accountant
Email: janet.james@state.co.us
Phone: (719) 738-2810 x 136

Individual Signing Contract:

Name: _____
Title: _____
Email: _____
Phone: _____

Invoice Contact:

Name: _____
Title: _____
Email: _____
Phone: _____

Additional Contacts for DocuSign Review:

The Department of Early Childhood collects signatures via DocuSign. **Please list below any individuals that need to be included in the DocuSign process prior to the final signature** (example: Director's Assistant, Attorney, etc):

Name: Lisa Powell-DeJong **Vendor Specific Instructions for Emails of Preliminary Approval/DocuSign (example: PI/Faculty Member Name):** _____
Title: Attorney
Email: lisa@huerfano.us
Sign or CC? CC

Is your agency set up for Electronic Deposit with the State of CO? Yes ___ No ___

If Yes, please list the last 4 digits of the account number payments should be sent to: _____

How long does your agency and/or board need to review and return the signed contract? 30 Days

IMPORTANT – When submitted with a Solicitation, please complete the following:

Vendor should read the entire Solicitation document before submitting a Bid/Proposal/Quote. Solicitation is subject to the conditions stipulated and in accordance with the specifications set forth and/or attached to the Solicitation. All Solicitations shall be quoted F.O.B. destination, unless otherwise specified, to the delivery location or job site listed in the Solicitation.

ELECTRONIC OR PRINTED SIGNATURE FROM AUTHORIZED SIGNATORY

Date