

## Contractor Intake

BOARD  
APPROVED  
10-23-12

BSD Tracking No.  
1213-2586

**Section One: Contractor Name/Business Organization (HCA staff enter on ACD Intake Detail screen)**

1. CONTRACTOR NAME DBA OR FACILITY NAME  
**BETHEL PUBLIC SCHOOLS #403**

2. BUSINESS ORGANIZATION

- |   |  |
|---|--|
| <input type="checkbox"/> Individual or Sole Proprietor<br><input type="checkbox"/> Non-Profit Corporation ( <b>Attach a copy</b> of 501(c) status)<br><input type="checkbox"/> Faith Based (FBO) Non-Profit Corporation<br><input type="checkbox"/> Faith Based (FBO) Unincorporated<br><br><input type="checkbox"/> For Profit Corporation<br><input type="checkbox"/> Medical <input type="checkbox"/> Regular <input type="checkbox"/> Attorney <input type="checkbox"/> S-Corp. | <input type="checkbox"/> Foreign Person or Entity<br><input checked="" type="checkbox"/> Governmental Entity<br><input type="checkbox"/> Limited Liability Company, filing as a Sole Proprietor<br><input type="checkbox"/> Limited Liability Company, filing as a Corporation<br><input type="checkbox"/> Medical <input type="checkbox"/> Regular <input type="checkbox"/> Attorney<br><input type="checkbox"/> Limited Liability Company, filing as a Partnership<br><input type="checkbox"/> Partnership |
|---|--|

If your business is **NOT** a sole proprietorship,  
**attach a list** of the partners, members, directors, officers, and board members.

3. TAXPAYER IDENTIFICATION NUMBER (TIN)

Enter your TIN in the appropriate box.

- For individuals, this may be your Social Security Number (SSN).
  - For other entities, it is your Employer Identification Number.
- 
- Exempt from IRS Backup Withholding

**Social Security Number**

**OR**  
**Employer Identification Number**

(Enter all 9 numbers,  
NO DASHES)  
**910832829**  
 (Enter all 9 numbers,  
NO DASHES)

4. DATA UNIVERSAL NUMBERING SYSTEM (DUNS®) NUMBER.

Enter your DUNS® number \_\_\_\_\_. If you do not have a DUNS® number, please see Section One, Item 4. of the Contractor Intake Instructions.

5. DEFAULT REPORTED

Have you had any contract with the state terminated for default?  Yes  No

If yes, **attach a list** of terminated contracts with an explanation why each contract was terminated.

6. FISCAL YEAR

Is your fiscal year end the same as the calendar year (January 1 through December 31)?  Yes  No

If the answer is no, what is your fiscal year end date? **AUGUST 31**

7. STATEWIDE VENDOR NUMBER, UBI NUMBER, BUSINESS LICENSE, AND WASHINGTON ELECTRONIC BUSINESS SOLUTIONS CODES

What is your Washington State Statewide Vendor Number? \_\_\_\_\_

What is your Washington State Uniform Business Identifier (UBI) Number? **279003337** (Enter all 9 numbers, NO DASHES)

**Attach** a copy of your current Washington State **Master Business License**.

If you do not have a Washington State Master Business License, explain below why you are exempt from registering your business with the State of Washington. (See page 1 for information on exemptions.)

Under what Washington Electronic Business Solutions (WEBS) Codes are you listed? \_\_\_\_\_ (For assistance call (360) 902-7400)

**Section Two: Contractor Primary Address (HCA staff enter on ACD Intake Detail screen)**

CONTRACTOR PRIMARY ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)

**516 176<sup>TH</sup> STREET EAST**

CITY, STATE, AND ZIP CODE

**SPANAWAY, WA 98387**

EMAIL ADDRESS

**smetzger@bethelsd.org**

COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)

**PIERCE**

PHONE NUMBER (INCLUDE AREA CODE)

**(253) 683-6926**

FAX NUMBER (INCLUDE AREA CODE)

**(253) 683-6992**

**Section Three: Contractor Ownership Type (HCA staff enter, as applicable, on ACD Intake Detail screen)**

In your opinion, do you consider your business to be one or more of the following? If so, please check the boxes that apply.

If your business is Certified by Washington State's Office of Minority and Women Owned Business Enterprises (OMWBE) <http://www.omwbe.wa.gov>, or Department of Veterans Affairs (DVA), enter the certification number.

	YES	NO.
Disadvantaged Business Enterprise	<input type="checkbox"/>	X
Woman Owned Business Enterprise	<input type="checkbox"/>	X
Minority Owned Business Enterprise	<input type="checkbox"/>	X
Veteran Owned Business Enterprise	<input type="checkbox"/>	X
Community Based Organization	X	<input type="checkbox"/>
Owned or Operated by Disabled Persons	<input type="checkbox"/>	X
Small business	<input type="checkbox"/>	X

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section Four: Contractor Primary Contact Person (HCA staff enter on ACD Intake Detail screen)**

Primary contact person is a(n):

- Owner    Officer or Board Member    Partner    Staff Member    Elected Official

X Other (please identify) **MANAGER SPECIAL SERVICES** \_\_\_\_\_ (HCA staff enter as applicable on ACD)

Is the primary contact person authorized to sign contracts?       Yes   X No      (If "No", please complete Section Five)

PRIMARY CONTACT NAME AND JOB TITLE <b>SHERYL METZGER</b>	PHONE NUMBER (INCLUDE AREA CODE) <b>(253) 683-6926</b>
FAX NUMBER (INCLUDE AREA CODE) <b>(253) 683-6992</b>	PRIMARY CONTACT EMAIL ADDRESS <b>smetzger@bethelsd.org</b>

**Section Five: Contractor Primary Signatory (HCA staff enter on ACD Staff screen)**

Primary Signatory is a(n):

- Owner    Officer or Board Member    Partner    Staff Member    Elected Official

X Other (please identify) **EXECUTIVE DIRECTOR SPECIAL SERVICES** \_\_\_\_\_ (HCA staff enter as applicable on ACD)

PRIMARY SIGNATORY NAME AND JOB TITLE <b>ROBERT MAXWELL</b>	PHONE NUMBER (INCLUDE AREA CODE) <b>(253) 683-6921</b>
FAX NUMBER (INCLUDE AREA CODE) <b>(253) 683-6992</b>	PRIMARY SIGNATORY EMAIL ADDRESS <b>rmaxwell@bethelsd.org</b>

**Section Six: Additional Information (HCA staff enter on Intake Detail - Sub Information Summary screens)**

1. ADDITIONAL CONTRACTOR ADDRESSES: IF YOU HAVE MORE THAN TWO ADDITIONAL ADDRESSES, YOU MAY **ATTACH** A LISTING OF ADDITIONAL ADDRESSES.

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE
PHONE NUMBER (INCLUDE AREA CODE) (   )	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)
FAX NUMBER (INCLUDE AREA CODE) (   )	EMAIL ADDRESS

ADDRESS DESCRIPTION	ADDITIONAL ADDRESS (NUMBER, STREET, AND APARTMENT OR SUITE NUMBER)	
<input type="checkbox"/> Billing address <input type="checkbox"/> Facility address <input type="checkbox"/> Mailing address	CITY, STATE, AND ZIP CODE	
PHONE NUMBER (INCLUDE AREA CODE) ( )	COUNTY WHERE PRIMARY ADDRESS IS (FOR OUT-OF-STATE CONTRACTORS)	
FAX NUMBER (INCLUDE AREA CODE) ( )	EMAIL ADDRESS	

2. ADDITIONAL STAFF: IF YOU HAVE MORE THAN TWO ADDITIONAL STAFF (LISTED BELOW), WHO ARE ALSO RELEVANT TO YOUR HCA CONTRACTS, PLEASE PROVIDE INFORMATION ABOUT THOSE STAFF ON A SEPARATE PAGE.

Additional staff person is a(n):

Officer or Board Member  
  Partner  
  Staff Member  
  Elected Official  
 Other (please identify) **FINANCIAL ANALYST** (HCA staff enter as applicable on ACD)

Is the additional staff authorized to sign contracts?       Yes     No

Is the additional staff a contact for HCA contracts?      X Yes       No

ADDITIONAL STAFF NAME <b>GRETCHEN RUSSO</b>	PHONE NUMBER (INCLUDE AREA CODE) <b>(253) 683-6078</b>
FAX NUMBER (INCLUDE AREA CODE) <b>(253) 683-6079</b>	ADDITIONAL STAFF EMAIL ADDRESS <b>grusso@bethelsd.org</b>

**Section Seven: Ethics in Public Service Certification**

In order to be eligible to enter into a contract with HCA the individual(s) who will be performing duties under that contract may be required to complete and return an Ethics Certification for Current and Former Washington State Employees form.

**Section Eight: Contractor Certification (HCA staff enter on ACD Intake Detail as Intake Form Date)**

**You must sign, date, and return this form.**

**I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify HCA of any changes in any statement.**

5/2012	PRINTED NAME <b>ROBERT MAXWELL</b>
	TITLE <b>EXECUTIVE DIRECTOR SPECIAL SERVICES</b>

**KLIST**

- \_\_\_\_\_ of Taxpayer Identification Number and Certification
- Copy of legal document creating the entity submitting the Contractor Intake
  - Copy of statement showing non-profit 501(c) status (if applicable)
  - Federal Funding Accountability and Transparency Act Data Collection Form (if applicable)
  - List of partners, members, directors, officers, and board members (not applicable to sole proprietors)
  - Copy of Washington Statewide Vendor Number
  - Copy of your Washington State Master Business License or proof of exemption
  - List of any contracts you have had with the state that have been terminated for default, including a brief explanation (if applicable)
  - List of Additional Addresses (if applicable)
  - List of Additional Staff (if applicable)