Applying for a Statewide Vendor Number User Guide

Payment Type: For Facilities/Sites

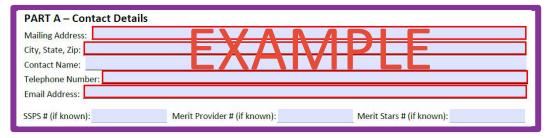
NOTE: This is a user guide intended to serve as instructions to help you complete the <u>Provider Registration Form</u>. This is <u>not</u> the actual Provider Registration Form, which must be <u>filled out here</u>.

Early Achievers Quality Improvement Award or Needs-Based Grants:

- Requires a Facility/Site SWV
- The SWV is connected to an Employer Identification Number (EIN)

Instructions

Part A: Contact Details



- This section asks for the governing person or designated representative contact information in case DCYF needs to get ahold of you.
- The mailing address is where the payment check will be sent.
- This address must be filled out and must match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- If applying for a Facility Award: Only fill out the SSPS # or the MERIT Provider #

Part B: Vendor/Payee Registration (Facilities/Sites)



- 1. Legal Name: Name must match legal business name. (If there is a sole proprietor, this name must match what is on social security card).
- 2. Business Name: Name must match "Doing Business As" (DBA) name.
- **3. Check ONLY ONE Box**: Choose the appropriate business type for your facility/site. Selection must match the type of business entity you registered with DOR and IRS.



4. For Corporation or Partnership ONLY, check one box below if applicable:
Medical Attorney/Legal
5. Legal Address (number street and apt or suite ne) This should be the address on file with the JRS:
6. City, State, Zip:
7. Tax Identification Number (TIN) PLEASE CHECK ONE
For individuals, this is your social security number (SSN)
For other entities, this is your employer identification number (EIN)

- 4. For Corporation or Partnership ONLY: Choose the appropriate selection for your facility/site.
- 5. Legal Address: This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 6. City, State, and ZIP code: This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 7. Tax Identification Number (TIN): If you're applying for an individual award (Education Award or Training Reimbursement) check "For individuals" and write your SSN in the section.
- 8. Certification: Read carefully and sign and date with a pen.

EXAMPLE SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)	Date: This form is valid for 90 days