 **NEW PROVIDER APPLICATION**

**AGENCY INFORMATION**

Legal Name

Doing business as

EIN or Social Security #

Address

Phone number

E-mail address or Website URL

Current geographic area(s) of operation

Proposed geographic area(s) of operation

Director / CEO email

CFO email

CIO email

Contract Contact person

Billing address

Phone number

E-mail address

Completed W-9

Agency references

*Three letters of reference for services provided /supporting service delivery/community or collaborative* partnerships

Start date of services

**MONITORING**

In order to be under contract with the Allegheny County Department of Human Services (DHS), agencies must agree to required compliance fiscal monitoring on funds awarded.

**BOARD OF DIRECTORS**

*\*EXCEL (BOARD OF DIRECTORS) ATTACHMENT 1*

* *Name*
* *Role*
* *Term ending date*
* *Employer address*
* *Does the board member have personal interest or compensation in any agreements with the agency?*
* *Does the board member have personal interest in any contract or agreement for compensation from the provider agency? Y or N*
* *Is the board member affiliated with Allegheny County Department of Human Services in any way? Y or N*

Does your agency have a consumer, consumer’s family member on the board? Y or N

Does your agency have a consumer/family advisory group to the board? Y or N

Is this board the board for any other corporate entity? Y or N

Are you a subsidiary or a parent company? Y or N

Does your board have a conflict-of-interest statement? Y or N

Please provide a copy of the agency policy on confidentiality as approved by the Board of Directors.

If the provider does not have a policy at the time of application, will you develop one and have it approved by your Board of Directors? Y or N or N/A

**FINANCIALS**

Please provide your organization’s current year budget.

* *Provide a list organization’s major sources of support and revenue. This should include totals of donations (including in-kind), grants and program income.*
* *Provide a list organization’s major source of financing, e.g. long-term debt, short-term borrowing or line of credit. Explain how proceeds of debt financing were used (if applicable).*

Please provide 2 years of audited financial statements, management letters and 990s (if any). If no audited financial statements are available, please provide copies of your year-end balance sheet and statement of operations or profit and loss for the past two years, along with your 990s.

Provide copies of relevant monitoring reports received from federal, state, or other local funding sources for the last two years (if applicable).

**VENDOR-RELATED PARTIES**

\**EXCEL (VENDOR RELATED) ATTACHMENT 1A*

* *List the provider or individuals who are associated with or affiliated with and have control of or are controlled by the organization furnishing the services, facilities or supplies*

Provide a current table of organization

Certify that this agency or subcontractors are not currently under suspension or debarment by the Commonwealth of Pennsylvania or any other state, county or federal government (certification form).

OTHER ITEMS

Has an application to be an Allegheny County Department of Human Services provider been denied in the past? Y or N

Is this organization aware of any current, threatened or pending litigation? Y or N

Have you ever filed for bankruptcy? Y or N

Do you have the capacity to do electronic billing and/or have an electronic health records system? Y or N

Do you currently carry the insurance required to enter into a letter agreement with Allegheny County Department of Human Services? Y or N

What’s the percentage of the administrative overhead of your agency for the last fiscal year? \_\_%

Is there a written indirect cost allocation plan? Y or N