

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
REQUEST FOR PROVIDER/VENDOR
TO BE SET UP IN MASTER PROVIDER ENTERPRISE REPOSITORY

SEND THIS COMPLETED FORM TO LISA IMPAVIDO, at
Lisa.Impavido@alleggheny county.US

ORGANIZATION/INDIVIDUAL'S OFFICIAL NAME						
DOING BUSINESS AS (Optional)						
APPLICATION	Has this organization/individual submitted a New Provider Application through the DHS AIMS, Bureau of Compliance? <input type="checkbox"/> Yes (continue to next step) <input type="checkbox"/> No (STOP – provider/vendor must have <u>submitted</u> application for request to be processed.)					
PROGRAM NAME (Optional)						
BILLING ADDRESS						
	City		State		ZIP	
PHONE			FAX			
DIVERSITY CATEGORY (check all that apply)	<input type="checkbox"/> Faith Based <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Indian/Native American/Eskimo/Aleut <input type="checkbox"/> Not Applicable		<input type="checkbox"/> African American <input type="checkbox"/> Gender Specific <input type="checkbox"/> Latino/Hispanic			
LEGAL STATUS:	<input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit					
PURPOSE/DESCRIPTION:						
DELIVERABLES:						
FUNDING SOURCES TO BE USED:						
INITIAL PERIOD (REQUIRED)	START:			END DATE:		
TO BE ENTERED IN MPER FOR TRACKING PURPOSES BUT NOT ON CONTRACT	<input type="checkbox"/> HMIS <input type="checkbox"/> Jail Collaborative <input type="checkbox"/> Not Applicable					
Continued on Next Page						

REQUIRED CONTACTS

If the same person performs multiple roles or if the contract is with an individual "X" the same as button.
Unless stated otherwise, the Billing Address will be used for all contacts

	Name	Phone	Email REQUIRED	Fax
Chief Executive Officer				
Contract Processing Contact	<input type="checkbox"/> Same as CEO			
Chief Information Officer	<input type="checkbox"/> Same as CEO			
Chief Financial Office	<input type="checkbox"/> Same as CEO			
Board Chair	<input type="checkbox"/> Same as CEO			

PERSON MAKING REQUEST	NAME	PHONE	DATE
DHS OFFICE & BUREAU			
HAS THIS REQUEST BEEN APPROVED BY OFFICE DEPUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO STOP – do not submit until approved			

FOR OFFICE OF ADMINISTRATIVE SERVICE – CONTRACTS UNIT USE ONLY

Setup Complete	MPER Provider ID:		MPER Contract ID:	
ASSIGNED TO:	Name:		CONTRACTS MANAGER	Initial & Date