DIRECT SERVICE PROVIDER PRE-CONTRACTING

**INFORMATION REQUIRED FOR CONTRACT DEVELOPMENT**

The Cabarrus County Partnership for Children needs the following items before it can complete the development of your contract.

## CONTRACTING GUIDELINES

1. For a non-profit entity with which the LP seeks to enter into contract, items **1-10** pertaining to that entity must be sent to the LP office.

B. For any State, County, or other governmental entities with which the LP wishes to contract, items **3-9** pertaining to that entity must be sent to the LP office.

1. For a private, for-profit, corporate entity with which the LP wishes to contract, items **2-10** pertaining to that entity must be sent to the LP office.
2. For an individual or partnership with whom the LP wishes to contract, items **3-10** must be sent to the LP office.

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Direct Service Provider Name

**DSP PRE-CONTRACTING ITEMS**

1. Verification that the entity has received official notification of tax-exempt status (i.e., IRS determination letter).
2. Verification that the entity has received official corporate status (i.e., Secretary of State certificate of incorporation).
3. The entity’s federal tax identification or social security number and legal name (i.e., IRS Form W-9).
4. Name and title of the person authorized to sign the contract. Please attach formal authorization for this individual to enter into contract binding the entity (i.e., bylaws, board minutes, etc.). If not attached, explain why.
5. If different, name and title of the person authorized to sign financial status reports (FSRs). Please attach formal authorization. If not attached, explain why.
6. Name; working title; mailing address, including street address and zip code; and telephone and fax numbers of the contract administrator.
7. Name and address of the person and location to whom the payments should be mailed, if different from above.
8. Completed State Contractor Certification form.
9. Proof of Insurance: The Direct Service Provider must secure and provide evidence of insurance coverage. Provide a copy of the Certificate of Liability Insurance (obtained from your insurance agency or carrier) that includes the name of the insured organization (policy holder), effective dates, and the amount of coverage for each of these:
10. Workers’ Compensation.
11. Commercial General Liability.
12. Automobile Liability for covering all Owned, Hired and Non-Owned vehicles to be used in the performance of the contract
13. (As applicable:)
    * Professional liability
    * Special events
    * (List other)
14. Fidelity Bonding / Employee Theft coverage that covers the staff of the Direct Service Provider and any subcontractors involved in the handling of Local Partnership funds.
15. When the total State funds exceed or are expected to exceed $100,000:
    * Policy must provide a coverage amount of at least 50% of the total funds provided by the Local Partnership.
    * The Local Partnership must be named as an additional insured or joint loss payee.
    * The prospective contractor shall provide the Local Partnership with certificate holder status.
    * (Note: this coverage must be kept current through the fiscal year of the contract and the subsequent fiscal year.)
16. When the total State funds are expected to total less than $100,000:
    * Policy must provide a coverage amount of at least 50% of the total funds provided by the Local Partnership.
    * The Local Partnership must be named as an additional insured or joint loss payee.

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| Submitted By: | |  |
| Name: |  | |
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| Title: |  | |
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| Date: |  | |