STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES

# Agency Identification

(Required)

Personal information you provide may be used for secondary purposes [(Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

**Please print or type in all spaces except signature.**

## Proposer Agency

|  |  |
| --- | --- |
| 1. Agency Name

      | 1. Contract Period

      |
| 1. Agency Address (both street and post office box, city, state, zip code)

                     | 3. FEIN |
| 1. Proposer Geographic Area(s)

       |
| 1. Agency Type (check all that apply)

[ ]  Government [ ]  Private [ ]  Partnership [ ]  County [ ]  For Profit [ ]  Corporation [ ]  General [ ]  Tribe [ ]  Not-for-Profit [ ]  Individual [ ]  Limited [ ]  Sole Proprietorship[ ]  Consortium [ ]  Other (Specify)       |
| 1. Consortium, Partner Agency Name(s) (if applicable)

      |
| 1. Agency Fiscal Year (check one)

[ ]  Calendar [ ]  Other through |

## Proposer Agency Personnel

|  |  |
| --- | --- |
| Director Name      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

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| --- | --- |
| Person Responsible for Day-to-Day Operations of Program      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

DCF-F-110-E (N. 03/2009)

|  |  |
| --- | --- |
| Chief Financial Officer      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

|  |  |
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| Person Responsible for Fiscal Day to Day Operations (if other than Chief Financial Officer)      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

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| Proposed W-2 Agency Contract Manager (will be named as W-2 Agency Contract Manager in the W-2 contract)      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

|  |  |
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| Person to Whom Contracts and Related Documents are to be Sent (if other than W-2 Agency Contract Manager)      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

|  |  |
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| Person Responsible for Equal Opportunity/Civil Rights Compliance (including Affirmative Action and Limited English Proficiency)      | Title      |
| Mailing Address      |
| E-mail Address      | Telephone Number(   )    -     | Fax Number(   )    -     |

The Proposer agency must submit any revisions to the information on this form within ten (10) business days to the department contract manager.

|  |
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| Agency Director Name or Designee (If designee, attach Designee Authorization)      |
| Signature | Date of Signature      |