|  |  |
| --- | --- |
| **Agency Name:**  | Click or tap here to enter text. |
| **Street Address:** | Click or tap here to enter text. |
| **City, State, Zip:** | Click or tap here to enter text. |
| **Contact Person/title:**  | Click or tap here to enter text. |
| **Phone:**  | Click or tap here to enter text. |
| **Email:**  | Click or tap here to enter text. |

1. **Organization Type (select one):**

[ ] For-profit

[ ] Private Nonprofit

[ ] Public Nonprofit

[ ] State agency

[ ] Federally recognized tribe

[ ] Other, please describe: Click or tap here to enter text.

1. **Does your organization intend to function as a single contractor and provide direct services to participants?**

Yes [ ]  No [ ]

1. **Does your organization intend to subcontract work out to other entities?**

Yes [ ]  No[ ]

1. **Service Area(s) of Interest:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service Area | Provide Direct Services? | Subcontract Services? |  | Service Area | Provide Direct Services? | Subcontract Services? |
| **1** | [ ]  | [ ]  |  | **11** | [ ]   | [ ]   |
| **2** | [ ]  | [ ]  |  | **12** | [ ]   | [ ]   |
| **3** | [ ]  | [ ]  |  | **13** | [ ]   | [ ]   |
| **4** | [ ]  | [ ]  |  | **14** | [ ]   | [ ]   |
| **5** | [ ]  | [ ]  |  | **15** | [ ]   | [ ]   |
| **6** | [ ]  | [ ]  |  | **16** | [ ]   | [ ]   |
| **7** | [ ]  | [ ]  |  | **17** | [ ]   | [ ]   |
| **8** | [ ]  | [ ]  |  | **18** | [ ]   | [ ]   |
| **9** | [ ]  | [ ]  |  | **19** | [ ]   | [ ]   |
| **10** | [ ]  | [ ]  |  |  |  |  |

1. **Conflict of Interest -** Will any current or former Washington state employees be paid for participating in this project or do they serve on any board of directors involved in this project as of the date of this application?

[ ] Yes[ ] No

|  |
| --- |
| *If yes, please complete the table below. If more rows are needed, please attach a separate document to your application. If following a review of this information Commerce determines a conflict of interest exists, the Applicant may be disqualified from further consideration.*  |
| **Name** | **Position at Applicant’s Organization** | **Current or Former State Agency** | **State Agency Dates of Service** **(mm/yyyy - mm/yyyy)** |
| enter text | enter text | enter text | enter text |
| enter text | enter text | enter text | enter text |
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