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  (   )    - |

|  |  |  |
| --- | --- | --- |
| 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  (   )    - |

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

|  |  |  |
| --- | --- | --- |
| 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  (   )    - |

|  |  |  |
| --- | --- | --- |
| 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  (   )    - |

|  |  |  |
| --- | --- | --- |
| 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.

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