

ATTACHMENT B
WELD COUNTY DEPARTMENT OF HUMAN SERVICES – PROVIDER INFORMATION FORM (PIF)

AGENCY INFORMATION

Agency Name: _____ Trails Provider ID (if known): _____

Provider Contact Full Name: _____ Title: _____

Primary Phone Number (10-digit): _____ Ext.: _____ Fax Number (10-digit): _____

Primary Contact Email: _____ Web Address: _____

Agency Location Address (Street, city, state, zip): _____

Agency Mailing Address (Street, city, state, zip): _____

Agency Type (pick one): Public Company Private Non-Profit Private for Profit

Send Referrals for Service to:

Referral Contact Name: _____ Title: _____

Referral Phone Number (10-digit): _____ Ext.: _____ Email: _____

Billing Contact

Billing Contact Name: _____ Title: _____

Billing Phone Number (10-digit): _____ Ext.: _____ Email: _____

CERTIFICATION

I certify that the services proposed for intended use by the Weld County Department of Human Services will meet all the specifications it has so indicated in this bid form. I further affirm intention to enter into an agreement with Weld County, on behalf of the Weld County Department of Human Services, and comply with all requirements of the contract, if awarded.

The Board of Weld County Commissioners reserve the right to reject any or all bids, to waive any informality in the bids, and to accept the bid, or part of a bid, that, in the opinion of the Board, is in the best interests of the Board and of the County of Weld, State of Colorado. The Board of Weld County Commissioners shall give preference to resident Weld County bidders in all cases where the bids are competitive in price and quality.

WELD COUNTY IS EXEMPT FROM COLORADO SALES TAXES. THE CERTIFICATE OF EXEMPTION NUMBER IS #98-03551-0000.

Authorized Rep. Full Name: _____ Title: _____

Authorized Rep. Email: _____ Phone (10-digit): _____ Ext.: _____

Authorized Rep. Address (Street, city, state, zip): _____

Signature of Authorized Rep.: _____ Date: _____