1. **IDENTIFYING INFORMATION**

 N/S 1.1 Organization Name:

 Click here to enter name.

 N/S 1.2 CEO’s Name:

 Click here to enter name.

 N/S 1.3 Contact for this RFP:

 Click here to enter Contact.

 Contact Person’s Phone #: Click here to enter Phone #.

 Contact Person’s Fax: Click here to enter Fax.

 Contact Person’s Email Address: Click here to enter email.

 N/S 1.4 Addresses

 Address: Click here to enter address.

 City: Click here to enter city.

 State: Click here to enter state.

 N/S 1.5 Tax ID#: Click here to enter Tax ID.

 N/S 1.6 Type of Organization (select one):

* Non-Profit: Click here to Choose Y or N
* Governmental: Click here to Choose Y or N
* For Profit Corporation: Click here to Choose Y or N
* Partnership: Click here to Choose Y or N
* Sole Proprietorship: Click here to Choose Y or N
* Consumer/Family Run: Click here to Choose Y or N
* Other: (Please explain):Click here to enter text.

 N/S 1.7 Submit a copy of your most recent annual report and/or financial audit.

 N/S 1.8 Lawsuits: Has your organization been involved in any lawsuits in the last 24 months?

 Click here to Choose Y or N

 If yes, submit a description of each lawsuit, the current status, and the outcome, if a resolution has occurred.

 Click here to enter text.

N/S 1.9 Media Events: Has your organization (or parent company) been involved with any local or national media investigations or inquires within the last five (5) years related to Behavioral Health Services? Click here to Choose Y or N

 If yes, please provide an explanation:

 Click here to enter text.

N/S 1.10 Has your organization ever been excluded from receiving Federal Funding?

 Click here to Choose Y or N

N/S 1.11 Have any employees and/or contractors of your organization been excluded from participating in Federal programs? Click here to Choose Y or N

N/S 1.12 Is your organization licensed to practice in the State of Washington?

 Click here to Choose Y or N

1. **STATEMENT OF DISCLOSURE OR DENIAL OF INTEREST**
	1. All applications submitted must include a statement disclosing or denying any interest, financial or otherwise, of any employee or official of North Sound BH-ASO, the City of Lynnwood, Snohomish County, CHPW, and Molina Healthcare.

[ ]  *I affirm that to the best of my knowledge, no employee or official of the aforementioned organizations holds any direct or indirect financial interest or any other type of interest that could influence or compromise their professional conduct in this matter. This disclosure is made to ensure transparency and to avoid any potential conflicts of interest. If any such interest is found to exist, it will be disclosed promptly*.

Name: Click here to enter text.

Title: Click here to enter text.