

**THE SPOKANE COUNTY COMMUNITY SERVICES DEPARTMENT
DEVELOPMENTAL DISABILITIES DIVISION**

COMPLETION CHECKLIST FOR PROPOSAL
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ITEM	DESCRIPTION	CHECK
	Cover letter	
	Legal name of applicant's organization, business address, phone number, hours and days of operation	
	Contact person, title, email, and phone number	
	Employer Identification Number and Tax ID number	
	Signature authority	
	Business license and incorporation status (Articles of Incorporation, by-laws)	
	Proof of Liability Insurance Certification of a minimum of \$1,000,000 per occurrence and \$3,000,000 aggregate or statement of ability to obtain certification by insurance company.	
	Statement of Intent to comply with: <ul style="list-style-type: none"> a. County-approved policies and procedures, including those involving individual rights, participant confidentiality, grievance/appeal rights, incident reporting b. OSHA and WISHA policies c. State Building Code Act compliance policies d. Uniform Fire Code compliance policies e. Applicable DDA policies f. Compliance with state and federal non-discrimination policy, Equal Opportunity Employer policy g. All other applicable state, federal, and local regulations 	
	Current organizational chart and description of the agency's structure that clearly defines roles and responsibilities of staff and lines of authority.	
	Completed IRS W-9 form	
	Completed Questions	
	Completed Qualified Service Provider Application Checklist	

Agency Name: _____

Completed By: _____