

# Applying for a Statewide Vendor Number User Guide

## Payment Type: For Facilities/Sites

**NOTE:** This is a user guide intended to serve as instructions to help you complete the [Provider Registration Form](#). This is **not** the actual Provider Registration Form, which must be [filled out here](#).

### Early Achievers Quality Improvement Award or Needs-Based Grants:

- Requires a Facility/Site SWV
- The SWV is connected to an Employer Identification Number (EIN)

## Instructions

### Part A: Contact Details

**PART A – Contact Details**

Mailing Address:

City, State, Zip:

Contact Name:

Telephone Number:

Email Address:

SSPS # (if known):  Merit Provider # (if known):  Merit Stars # (if known):

**EXAMPLE**

- This section asks for the governing person or designated representative contact information in case DCYF needs to get ahold of you.
- The mailing address is where the payment check will be sent.
- This address must be filled out and must match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- **If applying for a Facility Award: Only fill out the SSPS # or the MERIT Provider #**

### Part B: Vendor/Payee Registration (Facilities/Sites)

**PART B – Provider Registration**

**Request for Taxpayer Identification Number and Certification – Substitute Form W-9**

1. **Legal Name** (as shown on your income tax return):

2. **Business Name, if different from Legal Name above** – e.g., Doing Business As (DBA) Name:

3. **Check ONLY ONE box:**

<input type="checkbox"/> Individual/Sole Proprietor (Including LLC-Sole Proprietor)	<input type="checkbox"/> Board/Committee member	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Corporation (Including S-Corp, LLC S-Corp and LLC-Corp)		<input type="checkbox"/> Local Government
<input type="checkbox"/> State Government	<input type="checkbox"/> Federal Government (including Tribal)	<input type="checkbox"/> Tax Exempt Organization
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Partnership (Includes LLC)	<input type="checkbox"/> Trust/Estate

**EXAMPLE**

1. **Legal Name:** Name must match legal business name. (If there is a sole proprietor, this name must match what is on social security card).
2. **Business Name:** Name must match “Doing Business As” (DBA) name.
3. **Check ONLY ONE Box :** Choose the appropriate business type for your facility/site. Selection must match the type of business entity you registered with DOR and IRS.



4. For Corporation or Partnership ONLY, check one box below if applicable:

Medical                       Attorney/Legal

5. Legal Address (number street and apt or suite no.) This should be the address on file with the IRS:

EXAMPLE

6. City, State, Zip:

EXAMPLE

7. Tax Identification Number (TIN) PLEASE CHECK ONE

For individuals, this is your social security number (SSN)  
 For other entities, this is your employer identification number (EIN)

- 4. For Corporation or Partnership ONLY: Choose the appropriate selection for your facility/site.
- 5. Legal Address: This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 6. City, State, and ZIP code: This must be filled out and match your address in the MERIT Workforce Registry. If your address needs to be updated, complete the update before completing this form.
- 7. Tax Identification Number (TIN): If you're applying for an individual award (Education Award or Training Reimbursement) check "For individuals" and write your SSN in the section.
- 8. Certification: Read carefully and sign and date with a pen.

EXAMPLE

SIGNATURE OF U.S. PERSON (No electronic, stamped or inserted signatures)

EXAMPLE

Date: This form is valid for 90 days