



## MOA PACKET CHECKLIST FOR NEW PROVIDERS

	*Complete Vendor Memorandum of Agreement.
	*Complete Attachment A.
	*Complete Vendor Contact Specification.
	Submit current license/certification from the State or other appropriate entity.
	Submit recent surveys, audits, or inspections from other entities (if applicable)
	Submit certificate of liability (Generations must be listed as additional insured)
	Complete VU On-boarding system Must provide company name, contact name, address, and email address A link will be sent to your address to complete the fiscal payment paperwork
	Complete W-9

\*Contract documents should be electronically signed and returned via DocuSign  
A fully executed copy of the contract will be returned via DocuSign for your records

**ALL OF THE ABOVE STEPS MUST BE COMPLETED BEFORE APPLICATION WILL BE APPROVED.**

PLEASE ADDRESS QUESTIONS AND SUBMIT DOCUMENTS TO:

Connie Miller

Area 13, Generations

Email: [CLMiller@vinu.edu](mailto:CLMiller@vinu.edu)

Fax: 812-888-4568

PO Box 314, 1019 N 4<sup>th</sup> Street

Vincennes, IN 47591

Phone: 812-888-4267

FOR OFFICE USE ONLY

Application complete and filed: _____ Copy returned to Provider: _____ QA Compliance Review due: _____
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