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# **CHECKLIST FOR CURRENT PROVIDERS FOR CONTRACT**

## **JULY 1, 2021-SEPTEMBER 30, 2023**

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|  | Read the Vendor Memorandum of Agreement carefully. Sign and date page 13 of the agreement. Return copy of the agreement to the address below. A signed copy will be returned to you. |
|  | Complete Attachment A |
|  | Complete Vendor Contact Specification |
|  | Submit current license/certification from the State or other appropriate entity. |
|  | Submit recent surveys or audits from other entity(ies) |
|  | Submit certificate of liability (Generations must be listed as additional insured) |
|  | Submit PERS attachment if applicable |

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

RETURN COMPLETED APPLICATION TO:

Cindi Trent Holloway, RN

Community Resource Coordinator

PO Box 314 1019 N. 4th Street

Vincennes, IN 47591

Phone: 812-888-4267

Fax: 812-888-4568

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

FOR OFFICE USE ONLY

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| Application complete and filed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Copy mailed to Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

June 2021