

DHHS91199 Emergency Placement Short-Term Shelter

Submission Instructions and Checklist

<p>Instructions:</p> <p>Submit the documents on the list below. Complete forms as instructed. Do not submit documents that are not on the list.</p> <p>Email responses and completed forms to: susanstengel@utah.gov</p> <p>Include Vendor name and DHHS91199 in the subject line</p> <p>DO NOT SUBMIT RESPONSES IN UTAH PUBLIC PROCUREMENT PLACE (U3P)</p>	
<p>Form 1 – Filled out DHHS91199 Data Sheet</p>	
<p>Form 2 – Signed and dated Conflict of Interest Disclosure Statement</p>	
<p>Form 3 – Filled out and signed W-9 form</p>	
<p>Form 4 – Filled out Service Application</p>	
<p>For Assisted Living Facility Services provide the following:</p> <ul style="list-style-type: none">• Current Assisted Living Facility licenses from the Utah Department of Health and Human Services, Office of Licensing Health Facilities as outline in Form 4 - Service Application•	
<p>For Hotel/Motel Lodging Services provide the following:</p> <ul style="list-style-type: none">• Current business license• Statement describing general understanding of issues facing the aging population and people with disabilities and experience working with agencies or organization that provide services to aging populations	