ABCCEDP CONTRACT CHECKLIST

ALL DOCUMENTS MUST BE COMPLETED IN THEIR ENTIRETY AND THE ORIGINALS RETURNED TO THE DEPARTMENT BY <u>JUNE 1, 2024</u>, IN ORDER TO PROVIDE SERVICES ON OR AFTER JUNE 30, 2024.

PROVIDERS WHO DO NOT HAVE A COMPLETED CONTRACT PACKAGE IN PLACE BY JUNE 29, 2024, MUST CEASE PROVIDING SERVICES AFTER THAT DATE.

This completed checklist must be returned with the contract package.

CONTRACT
Provider's Legal Name (the name registered with the Alabama Secretary of State) must be entered as the contracting entity Provider's FEIN must be entered on the signature page Provider's physical address AND billing address must be listed in the provider's signature block on the last page of the Contract Contract must be signed and dated The entire original executed Contract must be returned to the Department. Copies are not accepted.
W-9 OR TAX ID FORM
The form must have been completed, signed, and dated within the past 6 months, using the most recent version of the form (revised October 2018). The entire form must be completed, including a checkmark for the appropriate box for the provider's federal tax classification in block 3 at the top of the form. Provider's name, address, and FEIN must be identical to the name, address, and FEIN provided in the Contract, the E-Verify MOU, and provider's registration information in both the State of Alabama Accounting and Resource System (STAARS) and Alabama Buys. Providers must register and be in "active" status in both STAARS and Alabama Buys. **SEE enclosed Important Vendor Information **SEE enclosed Vendor Information Self Service (VSS) Portal STAARS & Alabama Buys FAQs
DISCLOSURE STATEMENT
All blanks must be completed and boxes checked. If a question does not apply, enter "N/A." The form must have been signed, notarized, and dated within the past 6 months. ***NOTE: Notary seal or stamp must be present! The original notarized document must be returned to the Department. Copies are not accepted.
CERTIFICATE OF COMPLIANCE
All blanks must be completedThe form must have been signed, witnessed, and dated within the past 6 monthsThe original document must be returned to the Department. Copies are not accepted.
E-VERIFY MEMORANDUM OF UNDERSTANDING (MOU)
Required for entities that meet the definition of a "business entity" or "employer" on the Certificate of Compliance <u>and</u> employ one or more employees within the state of Alabama Provider's name, address, and FEIN must be identical to the name, address, and FEIN provided in the Contract and the W-9 The entire MOU must be provided, to include the first page, the signature page, the page that

includes the FEIN, and any company profile pages that may be applicable. The Company ID

number on each page cannot be handwritten.
**SEE enclosed information regarding E-Verify

Amy Ikner – Baldwin, Butler, Clarke, Conecuh, Covington, Escambia, Mobile, Monroe, Washington counties