

# FY2024 TRI-VALLEY NOI APPLICATION

## NOTIFICATION OF INTENT TO CONTRACT

To be completed by every Provider Applicant. Submission of all data elements is required.

Provider Name & dba:

Address:

Street

City/Town

State

Zip

Contact: Name

Telephone:

Email address:

Fax:

State where organized/incorporated:

Type of Corporation:

FEIN: #

Please indicate with a check mark if, as of the date of this Application, your company is certified by the Massachusetts State Office of Minority and Women's Business Assistance (SOMWBA) as a

Minority-owned business or non-profit organization (MBE) — Supplier Diversity Office letter attached,

and/or Woman-owned business or non-profit organization (WBE) —Supplier Diversity Office

letter attached.

## I. ASSURANCES & CERTIFICATIONS

By submitting this completed document to Tri-Valley, Inc., you to certify that:

1. Your company has filed papers with the Secretary of State's Office in order to conduct business within the Commonwealth of Massachusetts;
2. Your company currently is not under Federal or State debarment;
3. You have purchased liability insurance to protect your company;
4. You have read the **Provider Agreement** (contract) and agree to operate in compliance with its terms and conditions, including Attachment A,
5. Your company has secured all licenses, certifications, permits and accreditation required at this time.

\_\_\_\_\_  
Provider Authorized Signature (Required only on hard copy on file at ASAP)

\_\_\_\_\_  
Date