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| *NC Infant-Toddler Program*  |       |

*Vendor Approval to Proceed*

Recipient Name

Title

Vendor Agency

Address

City, State, Zip Code

Re: Child's Name

Date:

Recipient Name,

This letter is to provide you written approval to proceed with purchasing the assistive technology device or devices we have discussed for Child's Name. The NC Infant-Toddler Program (NC ITP) utilizes the Winston-Salem Children’s Developmental Services Agency (CDSA) Business Office to process payments to assistive technology vendors. The Winson-Salem CDSA Business Office has been authorized to pay your vendor agency for the device(s) at the agreed upon price. See the attached funding authorization for additional details.

**The CDSA Business Office will process the funding authorization and: *(CHECK ONLY ONE BOX BELOW)***

[ ]  Send payment to you (the vendor) after receipt of the family portion of the cost by the CDSA Business Office.

[ ]  Send payment to you (the vendor) immediately for the NC ITP share of the cost. There is no family cost.

[ ]  Send payment to you (the vendor) immediately for the NC ITP share of the cost. You have agreed to accept the family portion of the cost directly from the family

[ ]  Send payment to you (the vendor) after receipt of an invoice.

[ ]  Issue a purchase order to you (the vendor) and send payment to you after receipt of an invoice.

**Additional Vendor Requirement (if box is checked):**

[ ]  To process your future invoice and payment, vendors must be added to the vendor payment system. Please send a copy of your current IRS W-9 form to the Financial Officer listed below.

Sincerely,

CDSA Representative

Title

**Contact Information:**

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| Children’s Developmental Services Agency  |
| CDSA: Financial Officer:       EI Service Coordinator:      Phone:       Phone:      Email:       Email:       Address:             |