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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: |