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| DEPARTMENT OF HEALTH SERVICESDivision of Enterprise ServicesF-80112 (10/2023) | STATE OF WISCONSIN |
| **GEARS AGENCY SET-UP** |
| 1. **Request Prepared by (Required)**
 |
| **Requesting Division or Office** | Click or tap here to enter text. |  |  |
| **Prepared by (name)** | Click or tap here to enter text. | **Date** | Click or tap to enter a date. |
| **E-mail Address** | Click or tap here to enter text. | **Phone number** | Click or tap here to enter text. |
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| **This is (check one)** |
| [ ] A request to add a NEW GEARS agency |
| [ ] A request to update an EXISTING GEARS agency |
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| 1. **STAR Supplier Information (Optional)**
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| **STAR Supplier Number (10 digits, include leading zeros)** | Click or tap here to enter text. | **STAR Supplier Name** | Click or tap here to enter text. |
| **STAR LOC-ID** | Click or tap here to enter text. | **Tax ID** | Click or tap here to enter text. |
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| 1. **GEARS Agency Information (Required)**
 |
| **Requested GEARS Agency Name** | Click or tap here to enter text. | **GEARS Agency Type Code** | Choose an item. |
| **Address 1** | Click or tap here to enter text. |  |  |
| **Address 2** | Click or tap here to enter text. |  |  |
| **City/State** | Click or tap here to enter text. | **Zip Code** | Click or tap here to enter text. |
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| **For BFS Use Only** |
| 1. **GEARS Agency Information Added/Updated**
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| **GEARS Agency number** | Click or tap here to enter text. | **STAR Supplier ID** | Click or tap here to enter text. |
| **GEARS Agency Type Code** | Choose an item. | **STAR LOC-ID** | Click or tap here to enter text. |
| **Entered into GEARS by** | Click or tap here to enter text. | **GEARS Updated on** | Click or tap to enter a date. |

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| **Instructions for Completing Form F-80112, GEARS Agency Set-up** |
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| **Section 1—Request Prepared by** |
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| **This section must be completed.** It provides BFS/Vendor Validation with needed contact information, as any questions that may arise PRIOR to ser up in GEARS will be directed to the person identified in this section. This is also the person that will be notified when the agency has been added or their information updated in GEARS. |
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| **Section 2—STAR Supplier Information** |
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| An organization must be established in STAR prior to being set-up in GEARS. Organizations already set-up in STAR do not need to be re-established. If the organization knows their STAR Supplier ID and the LOC-ID into which they want their GEARS payments deposited, please provide that information. |
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| The organization’s tax ID uniquely identifies the Supplier in STAR. |
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| If the organization does not believe or does not know whether they are established as a Supplier in STAR, please see below for forms needed to establish them as a STAR Supplier. |
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| **Section 3—GEARS Agency Information** |
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| Please complete all fields within this section. |
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| **Requested GEARS Agency Name**—This field is not limited to 25 characters. Except where needed to distinguish between sub-units of an organization (for example agencies within a municipality or geographically separate operating units with doing business as (DBA) names) the GEARS Agency name and STAR Supplier Name should be consistent. |
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| **GEARS Agency Type Code—**Select the GEARS Agency Type code appropriate to the agency. |
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| **Address 1/Address 2—**Enter the USPS mailing address. Address 1 should not be used to extend the GEARS agency name, as that field is not limited to 25 characters. Address 2 is optional. |
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| **City/State—**This should be the City and State in which Address 1/Address 2 are located. Note that the State must be the State of Wisconsin as agencies receiving grants must have a State of Wisconsin mailing address. |
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| **Zip Code—**This should be the zip code associated with the organization’s USPS mailing address. The 5-digit or 9-digit zip code is acceptable. |
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| **Section 4—GEARS Agency Information Added/Updated** |
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| BFS Vendor Validation will document that the requested Agency information has been added/updated in GEARS and will confirm this information back to the Requestor. |

**Additional Forms Required**

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| **Form** | **Needed to** | **Required When** |
| IRS W-9Request for Taxpayer Identification Number and Certification | Comply with IRS requirements related to Taxpayer information. The blank form is available on the IRS website.  | Agency is a new STAR Supplier. This form is required to assure proper set-up of the supplier in STAR and avoid potential IRS penalties. |
| DOA-6456Authorization for Direct Deposit  | Set-up or change the LOC-ID within STAR that identifies the bank account into which the GEARS payments will be deposited. A voided check or bank letter confirming the account into which funds will be deposited **MUST** accompany this form. | Agency is a new GEARS Agency. This form with the voided check or bank letter provides the information needed for GEARS to direct payments to the proper financial institution and account. |
| DOA-6457Address Update | Add or change location/address in STAR. | Agency is an existing STAR Supplier and has a changed address or has an additional location.If address update is for GEARS ONLY, form DOA-6457 is not required. |
| DOA-6458Change of Supplier Name  | Change the STAR Supplier NameDo not submit this form when both the supplier name AND the taxpayer ID/EIN have changed. When that occurs, please submit the DOA-6459, Supplier Tax Number Update form. | The taxpayer ID/EIN has NOT changed however, the organization has a new legal name or a new Doing Business As (DBA) name. |
| DOA-6459Supplier Tax Number Update | Update the taxpayer ID in STAR. | Agency has a new taxpayer ID and may have a new legal or DBA name. |
| DOA-6460New Supplier Form | Establish a new Supplier in STAR | Organization is not an existing STAR Supplier. Note that if the organization’s tax ID/EIN exists in STAR, DHS Vendor Validation may need to request additional information/forms. |

**GEARS Agency Type Codes**

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| Use this type code | When the organization is |
| 01 | A County Board established under Chapter 51, Wisconsin Statutes, including but not limited to multi-county boards |
| 10 | A County Human Service Department, Department of Social Services or Department of Community Services |
| 15 | A County Income Maintenance Consortium |
| 25 | A County Aging and Disability Resources Center (ADRC), including but not limited to multi-county ADRC |
| 30 | A County Public Health agency NOT including joint city/county Public Health agencies |
| 40 | A County Aging Agency |
| 50 | A County Sheriff's Department or a Municipal Police Department |
| 20 | All other County Departments/Agencies |
| 60 | Non-County municipalities, including but not limited to cities, towns, villages, schools, school districts, other special municipal districts, combined city/county Public Health agencies and other municipal organizations |
| 70 | Tribal nations  |
| 80 | Other State of Wisconsin agencies, including but not limited to component units of the University of Wisconsin |
| 90 | All other organizations, including, but not limited to non-profits, LLCs and for-profit organizations |

If unsure of appropriate agency type code, please contact DHS DES BFS CARS <DHSDESBFSCARS@dhs.wisconsin.gov>