



# Community Provider Vendor Application

Non Profit/Community Name \_\_\_\_\_

Sales Tax #: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Emergency Phone # (if different): \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We ask all Nonprofits and Community Providers to please provide a family/child oriented activity. Please list and describe your activity choice(s):

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Power Required: Yes \_\_\_\_\_ No \_\_\_\_\_

**For more information: Connie Provencher - [cprovencher@erfc.us](mailto:cprovencher@erfc.us) | (860) 253-9935**

**Please email completed form to Danielle at [dflaherty@erfc.us](mailto:dflaherty@erfc.us)**

**or mail to:**

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