Print Form

DES / RSA Employment Services Performance Based Contracting Pilot Vendor Application

PLEASE NOTE: VENDORS MAY APPLY FOR THE PERFORMANCE BASED CONTRACT AS WELL AS THE REQUEST FOR PROPOSAL TO BE ISSUED FOR EMPLOYMENT SERVICES IN THE MONTHS TO COME.

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A. DES-STC (Insurance Requirements Only)

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I. VENDOR IDENTIFICATION

Vendor Name:	Administrative Address:
FEI or SS Number:	City, State, Zip code:
Phone Number: Fax Number:	E-Mail Address:
Name & Title of Person in Charge:	Contact Person: Phone Number:

II. ORGANIZATION

A. Type of Organization:

- ☐ Private, Non-Profit Corporation
- ☐ Limited Partnership
- ☐ General Partnership
- ☐ Private, For-Profit Corporation
- ☐ Sole Proprietor
- ☐ Unincorporated Association
- ☐ Professional Corporation
- ☐ Limited Liability Limited Partnership
- ☐ Limited Liability Company
- ☐ Limited Liability Partnership
- ☐ Professional Limited Liability Company
- ☐ Other

If "other", please explain.

B. Organizational Structure and Experience:

1. **If the vendor is a corporation, identify the type of corporation under applicable federal tax laws and submit evidence from the Internal Revenue Service of the vendor's tax-exempt status:**
   ☐ Subchapter S ☐ Subchapter C ☐ Tax-exempt

2. **Is the vendor a ☐ minority owned, ☐ woman owned business or ☐ a small business?**
   (A small business as defined in §A.R.S 41-2535 is a business including its affiliates, is independently owned and operated, is not dominant in the type of business it conducts, and which employs fewer than 100 full time employees or which has gross receipts of less than $4 million in its last fiscal year.)

3. **Year Established?**

4. **List all agencies that you have had grants or contracts with in the past five years. Identify the services provided and the years of service.**

AGENCY	SERVICES	CONTRACT	GRANT	YEARS OF SERVICE
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	
		☐	☐	

5. **Have any past contracts been terminated, suspended or subject to demand for assurance or default notice due to not meeting contract requirements or performance requirements?**

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III. FINANCIAL VIABILITY

Copies of your latest AUDITED annual financial statements including balance sheet and income statement will be required to submit if application is accepted by DES.

IV. INSURANCE

Submit a statement from your insurance company that the vendor will be able to obtain the required coverage if awarded a contract. Please reference Section 16 in the DES Special Terms and Conditions for specific information.

V. PERSONNEL

Please submit resumes describing experience and education of key personnel.

A. FINGERPRINTING

Fingerprinting of personnel will be required according to state agency statutes governing the licensing and/or contracting of facilities. The vendor shall assume the cost of the fingerprint checks and may charge these costs to its fingerprinted personnel. Costs of fingerprint checks may be included as an allowable cost in a contract.

VI. SERVICES

A. TARGET POPULATION

Please check the service delivery areas that you want to provide Employment Services in.

☐ Employment Services Pilot – Performance Based

- ☐ District One - Maricopa County
- ☐ District Two - Pima County
- ☐ District Three - Coconino / Yavapai / Navajo / Apache Counties
- ☐ District Four – Mohave / La Paz / Yuma Counties
- ☐ District Five – Gila / Pinal Counties
- ☐ District Six - Cochise / Graham / Greenlee / Santa Cruz Counties

☐ Service Tracks (Must provide all Milestones for each Track proposing to serve)

- ☐ **Job Placement –** Job Preparation / Job Placement / Successful Rehabilitation
- ☐ **Employment Retention –** Job Preparation / Job Placement / 4 Weeks Job Support / Job Stabilization / Successful Rehabilitation
- ☐ **Supported Employment –** Job Preparation / Job Placement / 4 Weeks Job Support / 8 Weeks Job Support / Job Stabilization / Successful Rehabilitation

☐ List any Specialty Populations Served. All populations include "General Populations."

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☐ Submit any plans on partnering with other providers to perform the service. _____

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B. SCOPE OF WORK

Additional requirements may be required by DES/RSA once application is received and subsequently accepted by DES/RSA. The Scope of Work will be provided to all applicants selected after the initial application process.

VII. ATTACHMENTS

IMPORTANT! All applicable attachments must be included with your application to be considered for inclusion in the Employment Services Performance Based Pilot. Incomplete applications will be returned to the vendor and will not be reviewed until a complete application is re-submitted.

Please include the following information with your application.

A. Certificates of Insurance or insurance company statement.

B. Resumes describing experience and education of key personnel.

C. Submit **written assurance,** that, if awarded a contract, the offeror has sufficient funds to meet obligations on time while awaiting payment from the Department.