

**APPLICATION AND
QUALIFIED VENDOR AGREEMENT AWARD**

Arizona Department of
Economic Security
Division of
Developmental Disabilities

APPLICATION

TO: THE STATE OF ARIZONA

The Undersigned hereby applies and agrees to provide the service(s) in compliance with the corresponding RFQVA(s).

For clarification of this application, contact:

David Caddell
Name:
(928) 4257631
Phone Number
(928) 4259468
Fax Number
dcaddell@co.gila.az.us
E-Mail Address:

If awarded a Qualified Vendor Agreement, all notices should be sent to:

David B. Caddell
Name:
5515 South Apache Ave. Suite 200
Street Address
Globe AZ 85501
City State Zip
(928) 4257631 (928) 4259468
Phone Number Fax Number
dcaddell@co.gila.az.us
E-Mail Address:

866000444
Federal Employer Identification Number or SSN
Gila Employment and Special Training
Company Name:
5515 South Apache Ave. Suite 200
Mailing Address
Globe AZ 85501
City State Zip
(928) 4257631 (928) 4259468
Phone Number Fax Number

Signature of Person Authorized to Sign Application
Michael Pastor
Printed Name
Chairman, Gila Cnty
Title

2nd Signature of Person Authorized to Sign Application

2nd Printed Name

2nd Title

APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the corresponding RFQVA for each service, including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's application as accepted by the State.

This agreement shall henceforth be referred to as Qualified Vendor Agreement No.05785. The begin date and the effective date of this agreement is either the date that this award is signed by the Procurement Officer or January 1, 2011, whichever is later.

Procurement Specialist

State of Arizona
Awarded this Date: _____