

DDD QUALIFIED VENDOR APPLICATION

FEI#: 866000444

Vendor: Gila Employment and Special Training

Contract#: 05785

Contract Status: SUBMITTED

**ASSURANCES AND SUBMITTALS**

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| 1.  | Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for?   | YES |
| 2.  | Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy?   | YES |
| 3.  | Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for?  | YES |
| 4.  | Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy?   | YES |
| 5.  | Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registration(s) revoked, denied or suspended in Arizona or in other states within the past five years? If yes, submit an explanation and current status.   | NO  |
| 6.  | Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? If yes, submit a detailed description of such terminations or lawsuits.                                 | NO  |
| 7.  | Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? If yes, submit a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments. | NO  |
| 8.  | Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? If yes, submit information on the person and the conviction.  | NO  |
| 9.  | Have any of the Applicant's key personnel been convicted of a felony within the past 15 years? If yes, submit information on the key personnel and the conviction.   | NO  |
| 10. | Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? If yes, submit an explanation.  | NO  |
| 11. | If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? If yes, submit an organizational chart that demonstrates ownership and/or corporate affiliations.  | NA  |

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12. Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? If yes, submit a statement disclosing the conflict or potential conflict of interest. NO
13. Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? If yes, submit a full written disclosure of the proposed payments and amount. NO
14. Has the Applicant, its directors, or officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity? NO
15. Is a suspension or debarment currently pending? If yes, submit an explanation. NO
16. Has the Applicant submitted a current State of Arizona Substitute W-9 form (Request for Taxpayer Identification and Certification) with this application? YES
17. Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application? YES
18. All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are submitted with the hardcopy application. YES
19. The applicable document described below is submitted: YES
- (1) A complete audited financial statement
  - (2) For Applicants that do not have an audited financial statement
    - (a) A corporate financial statement; or
    - (b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or
    - (c) If not a corporation, the personal financial statements of the owners or partners.
20. Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? If yes, submit a disclosure statement. NO

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- 21. Is the Applicant submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application? YES
- 22.. If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service? NA
- 23. Has the Applicant declared bankruptcy within the last seven years? If yes, submit a court approved corrective plan of action. NO
- 24. Will the Applicant use a subcontractor(s) to provide services? If yes, submit the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor. NO
- 25. Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments? YES

I have the authority and/or responsibility to submit this Application and to act as a representative of the Applicant in all phases of the Application process.

The information provided in the Application, including information entered into the Qualified Vendor Application and Directory System and any attachments, is true, correct and accurate to the best of my knowledge. I understand that any false statement may disqualify this Application from further consideration or be cause for agreement termination.

I agree to notify the Division of Developmental Disabilities within ten business days of any changes to the information provided in the Application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAILURE TO COMPLETE, SIGN AND SUBMIT THIS FORM MAY BE CAUSE FOR REJECTION**

**DES/DDD may contact any source available to verify the information submitted in the application and may use this information and any additional information obtained from the source(s) in evaluating the application.**