



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Janice K. Brewer
Governor

Clarence H. Carter
Director

David Caddell, Divisional Pgm Mgr, Ofc of Community Svcs
GILA COUNTY dba Gila Employment and Special Training
5515 S Apache St, Ste 200
Globe, AZ 85501

July 13, 2011

RE: Contract DE106003-008

Dear Mr. Caddell,

Enclosed are two (2) copies of amendment to your contract DE106003-008 with the Department of Economic Security, Rehabilitation Services Administration. Please complete and have the RIGHT side of the amendment form signed and dated, agreeing to the terms.

In order to proceed with the modification to your contract, mail both copies of the Amendment within five (5) business days of receiving this letter to:

DES / RSA Contracts Unit Manager
PO Box 6123 Site Code 930A
Phoenix, AZ 85005-6123

Sincerely,


Vanja Pasalic
RSA Contracts Unit Manager

Service Summary: Disability Related Skills Training - Rehabilitation Instructional Services (Various Disabilities)

Enclosure

cc: Contract File



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stranger Arizona

CONTRACT AMENDMENT

1. CONTRACTOR (Name and address) GILA COUNTY dba Gila Employment and Special Training 5515 S Apache St, Ste 200 Globe, AZ 85501	2. CONTRACT ID NUMBER DE106003-008 3. AMENDMENT NUMBER 1
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4. THE PARTIES AGREE TO THE FOLLOWING AMENDMENT

Pursuant to the UNIFORM TERMS AND CONDITIONS, Section 5, "Contract Changes," Paragraph 5 1, "Amendments," replace the current Attachment 1, RSA Fee Schedule Application with the revised Attachment 1 dated June 23, 2011.

5. In accordance with A.R.S. § 35-393.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Iran.

In accordance with A.R.S. § 35-391.06, the Contractor certifies that the Contractor does not have scrutinized business operations in Sudan.

6. EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTRACT.

7. ARIZONA DEPARTMENT OF ECONOMIC SECURITY SIGNATURE OF AUTHORIZED INDIVIDUAL	8. NAME OF CONTRACTOR GILA COUNTY SIGNATURE OF AUTHORIZED INDIVIDUAL
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TYPED NAME Elizabeth G. Csaki, CPPB	TYPED NAME Michael A. Pastor
TITLE Contract Administration Manager	TITLE Chairman, Gila County Board of Supervisors
DATE	DATE

David Fletcher
Director



Gila County Community Services Division

"A Community Action Agency"

5515 S. Apache Ave. suite 200, Globe, AZ 85501

(928) 402- 8650

"Improving the Quality of Life for all Residents, one life at a time"

Amendment number 1 to contract DE106003-008 (Rehabilitation Instructional Services) between Gila County, dba Gila Employment and Special Training and Department of Economic Security, (DES) Rehabilitation Services Administration (RSA), to replace the current Attachment 1, RSA Fee Schedule Application with the revised Attachment 1 dated June 23, 2011.

Gila County Board of Supervisors

Michael A. Pastor, Chairman

Attest:

Marian Sheppard, Chief Deputy Clerk

Approved as to form:

**Bryan B. Chambers,
Chief Deputy County Attorney**

Arizona Department of Economic Security
Rehabilitation Services Administration
RSA FEE SCHEDULE APPLICATION
June 23, 2011

1. PROVIDER INFORMATION

Legal Business Name Gila County		
Doing Business As Gila Employment and Special Training		Tax Identification Number 86-6000444
Mailing Address(City State Zip Code) 5515 South Apache Ave. Suite 200 Globe, AZ 85501		
Remit To/ Billing Address (City State Zip Code), if different than mailing address		
Contact Name and Title David B. Caddell, Program Manager		
Phone Number 928-402-8664	Fax Number 928-425-9468	E-mail dcaddell@co.gila.az.us
Video Phone .	Website http://www.gilacountyaz.gov/index.html	TTY Number 7-1-1
Name and Title of Authorized Signatory: Michale A. Pastor, Chairman, Gila County Board of Supervisors		

2. SERVICE INFORMATION

Do you provide this service in any language (s) other than English? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, check all boxes that apply: <input checked="" type="checkbox"/> Spanish <input checked="" type="checkbox"/> Sign Language <input type="checkbox"/> Other (specify)
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Check service type you propose to provide:

- Orientation and Adjustment to Disability Orientation and Mobility Training
 Independent Living Skills Development

3. QUALIFICATIONS *List all your licenses applicable for the services listed above*

License/certificate type and number	Date Issued	Expiration Date	Issuing agency
1.			
2.			

Professional Sanctions: Disclose information about any current or past (within last five years) legal actions, sanctions, or debarments for which you were involved. Use supplemental sheet to summarize the issue if needed.

Arizona Department of Economic Security
Rehabilitation Services Administration
RSA FEE SCHEDULE APPLICATION
June 23, 2011

4. FACILITY LOCATION AND STAFFING CHART

Indicate geographic areas in which you provide services

<input type="checkbox"/> Statewide	<input type="checkbox"/> Apache	<input type="checkbox"/> Cochise	<input type="checkbox"/> Coconino	<input checked="" type="checkbox"/> Gila	<input type="checkbox"/> Graham	<input type="checkbox"/> Greenlee	<input type="checkbox"/> La Paz
<input type="checkbox"/> Navajo	<input type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

If you provide services in one or more service locations, please complete a Facility Location and Staffing Chart for each location

Service Location Address (City, State Zip Code, County) 5515 South Apache Ave., Suite 200, Globe, AZ 85501 Gila County		
Telephone Number (928) 402-8664	Fax Number (928) 425-9468	Email address dcaddell@co.gila.az.us
Contact Person's Name David B. Caddell		
Days And Hours Of Operation Monday to Friday 8 AM to 5 PM, except Holidays		

Does this Facility Location meet minimum accessibility requirements as required by the American with Disability Act of 1990 (ADA) and the Architectural Barriers Act of 1968 (ABA). Yes No

List the Staff and/or Subcontractors that will provide this service at this location:

First and Last name	Employee Subcontractor	Years of experience	License /certificate Number
David B. Caddell	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	17	
Phillis Weaver	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	17	
Helene Lopez	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	20	
Doris Root	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	5	
Carol Tanner	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	2	
Yvette Warden	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	10	
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		

The facility(s) listed above will not be open on those holidays marked below:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> New Year's Day | <input checked="" type="checkbox"/> Martin Luther King Jr.'s Birthday | <input type="checkbox"/> Good Friday |
| <input checked="" type="checkbox"/> President's Day | <input type="checkbox"/> Washington's Birthday | <input checked="" type="checkbox"/> Labor Day |
| <input checked="" type="checkbox"/> Memorial Day | <input checked="" type="checkbox"/> Independence Day | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> Rosh Hashanah | <input type="checkbox"/> Yom Kippur | <input checked="" type="checkbox"/> Christmas Day |
| <input checked="" type="checkbox"/> Veterans' Day | <input checked="" type="checkbox"/> Thanksgiving Day | |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> _____ | |

Arizona Department of Economic Security
 Rehabilitation Services Administration
RSA FEE SCHEDULE APPLICATION
June 23, 2011

4. FACILITY LOCATION AND STAFFING CHART

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<input type="checkbox"/> Navajo	<input type="checkbox"/> Maricopa	<input type="checkbox"/> Mohave	<input type="checkbox"/> Pima	<input type="checkbox"/> Pinal	<input type="checkbox"/> Santa Cruz	<input type="checkbox"/> Yavapai	<input type="checkbox"/> Yuma

If you provide services in one or more service locations, please complete a Facility Location and Staffing Chart for each location

Service Location Address (City, State Zip Code, County) 107 South Frontier Street Suite C Payson, AZ 85541 Gila		
Telephone Number 928-402-8664	Fax Number 928-425-9468	Email address dcaddell@co.gila.az.us
Contact Person's Name David B. Caddell		
Days And Hours Of Operation Monday to Friday 8 AM to 5 PM, except Holidays		

Does this Facility Location meet minimum accessibility requirements as required by the American with Disability Act of 1990 (ADA) and the Architectural Barriers Act of 1968 (ABA). Yes No

List the Staff and/or Subcontractors that will provide this service at this location:

First and Last name	Employee Subcontractor	Years of experience	License /certificate Number
Leona Bowman	S <input type="checkbox"/> E <input checked="" type="checkbox"/>	17	
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
	S <input type="checkbox"/> E <input type="checkbox"/>		
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| <input checked="" type="checkbox"/> Memorial Day | <input checked="" type="checkbox"/> Independence Day | <input type="checkbox"/> Columbus Day |
| <input type="checkbox"/> Rosh Hashanah | <input type="checkbox"/> Yom Kippur | <input checked="" type="checkbox"/> Christmas Day |
| <input checked="" type="checkbox"/> Veterans' Day | <input checked="" type="checkbox"/> Thanksgiving Day | |
| <input type="checkbox"/> Other: _____ | <input checked="" type="checkbox"/> _____ | |

Arizona Department of Economic Security
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INSTRUCTIONS

Legal Business Name: This is the name and address that is reported to the Internal Revenue Service (IRS) for tax reporting purposes). If business is a medical, dental, psychological services group, indicate the name of the individual for whom the Application applies.

Contact Person. The name, title, telephone number and e-mail address of the authorized person(s) who should be contacted to answer questions regarding this Application.

Doing Business As. The "doing business as" (DBA) name may be different from the legal business name reported above. The "doing business as" name is the name the supplier is generally known by to the public.

Tax Identification Number. The Tax Identification Number issued by the IRS for the provider completing this form. This is the number issued by the IRS and used to report tax information to the IRS. If a sole proprietor, Social Security Number may be used.

Qualifications Information. The name(s) of all licenses that you have that allows you to operate the business or provide services for which you applied. List organizations that have accredited your company, or from which you have applied for accreditation; Indicate specific area (s) in which you are accredited. A copy of all licenses, certifications or accreditations shall be submitted along with the Application.

Sanctions - Disclose information about any current or past (within last five years) legal actions, sanctions, or debarments for which you were involved. Sanctions would include, but are not limited to, debarment from any Federal program or state programs. This includes any actions taken against any member of the board of directors, chief corporate officers, high-level employees, affiliated companies, network members or subcontractors. Provide additional information regarding any previous or current sanctions.

Facility Location and Staffing Chart

Indicate all physical addresses where you provide services. Post office boxes and drop boxes are not acceptable for physical addresses. The physical address(s) must be the actual address(s) where you conduct business with customers. Address(s) must be the address(s) where customers can contact you directly. Please use only postal abbreviations. Zip code and telephone number (with area code) must be included. Providers with multiple locations: Facility Location Chart must be completed for each location.