ASSURANCES AND SUBMITTALS

INSTRUCTIONS:
The Applicant must respond to each of the following items, then print and sign the document and attach hardcopies of the applicable submittals. The submittals shall indicate the item number to which it corresponds and also include the Applicant's Federal Employer Identification Number (FEIN).

1	Does the Applicant/Qualified Vendor agree to maintain and comply with any license(s), certification(s), and/or registration(s) set forth under federal or Arizona law, rules, or policy for the provision of each developmental disability service applied for?	Yes
2	Does the Applicant/Qualified Vendor understand that payment will not be made for services delivered prior to the effective date of any licensure, certification(s), and/or registration(s) required by federal or Arizona law, rules, or policy?	Yes
3	Has the Applicant/Qualified Vendor or any of its 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 any other state within the past five (5) years? *(For the purposes of these Assurances and Submittals, "Key Personnel" shall include the Applicant/Qualified Vendor if an individual, or if the Applicant/Qualified Vendor is a corporation or other entity, any partner, manager, director, officer, or person directly or indirectly controlling 10% or more of the outstanding voting shares or other ownership interest of the Applicant/Qualified Vendor)*	No
3.1	If "yes", submit an explanation and current status.	
4	Has the Applicant/Qualified Vendor or any of its Key Personnel been a party to any contract terminated for cause relating to community developmental disability services or similar services in Arizona or in any other state within the past five (5) years?	No
4.1	If "yes", submit a detailed description of such terminations.	
5	Has the Applicant/Qualified Vendor or any of its Key Personnel been a party to any litigation relating to community developmental disability services or similar services in Arizona or in any other state within the past five (5) years?	No
5.1	If "yes", submit a detailed description of such terminations.	
6	Are there any court actions or judgments pending or entered within the last five (5) years against the Applicant/Qualified Vendor or any of its Key Personnel related to the provision of community developmental disability services or similar services in Arizona or in any other state?	No
6.1	If "yes", submit a summary of those suits or judgments and describe actions the Applicant/Qualified Vendor has taken to prevent future suits or judgments.	

ASSURANCES AND SUBMITTALS

7 Has the Applicant/Qualified Vendor or any of its Key Personnel been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? **No**

7.1 If "yes", submit a summary of those suits or judgments and describe actions the Applicant/Qualified Vendor has taken to prevent future suits or judgments.

8 Has the Applicant/Qualified Vendor or any of its Key Personnel been convicted of a felony? **No**

8.1 If "yes", submit information on the Key Personnel and the conviction.

9 Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant/Qualified Vendor or any of its Key Personnel? **No**

9.1 If "yes", submit an explanation.

10 Has the Applicant/Qualified Vendor or any of its Key Personnel been debarred, suspended, or otherwise lawfully prohibited from any public procurement activity, or does the Applicant/Qualified Vendor 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**

10.1 If "yes", submit an explanation.

10.2 Is a suspension or debarment currently pending? **No**

10.2.1 If "yes" to Assurance 10.2, submit an explanation.

11 Are there any judgments, tax deficiencies or claims pending or entered against the Applicant/Qualified Vendor or against any entity affiliated by common ownership or directorship with the Applicant/Qualified Vendor that would require disclosure in an audited financial statement or that would affect the financial stability of the Applicant/ Qualified Vendor? *(For purposes of these Assurances and Submittals, "common ownership" means that persons owning over 25% of the Applicant/Qualified Vendor's outstanding voting shares or other ownership interests also own over 25% of another corporation or entity's outstanding voting shares or other ownership interests; "common directorship" means that a majority of the persons comprising the directors or Applicant/ Qualified Vendor, or performing similar management and oversight functions if the Applicant/Qualified Vendor is limited liability company or other non-corporate entity, also comprise the majority of the directors of another corporation or persons performing similar management and oversight functions with respect to a limited liability company or other non-corporate entity.)* **No**

11.1 If "yes", submit a disclosure statement.

12 Has the Applicant/Qualified Vendor or any of its Key Personnel declared bankruptcy within the last seven (7) years? **No**

12.1 If "yes", submit the most recent or the final court-approved order disposing of the case, including any court-approved plans.

ASSURANCES AND SUBMITTALS

13	Is the Applicant/Qualified Vendor a corporation or other entity that is affiliated with another corporation or entity?	No
13.1	If "yes", submit an organizational chart that demonstrates ownership and/or corporate affiliations.	
14	Does the Applicant/Qualified Vendor or any of its Key Personnel or administrative staff have a relative, as defined in Arizona Revised Statutes ("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?	No
14.1	If "yes", submit a statement disclosing the conflict or potential conflict of interest.	
15	Is the Applicant/Qualified Vendor required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure) of the *DES/DDD Standard Terms and Conditions for Qualified Vendors?*	No
15.1	If "yes", submit a full written disclosure of the proposed payments and amount.	
16	Does the Applicant/Qualified Vendor certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application or any Amendment to the QVA?	Yes
17	Does the Applicant/Qualified Vendor certify that it will comply with Section 6.3.3 (Audit) of the *DES/DDD Standard Terms and Conditions for Qualified Vendors* and prepare and submit to the Division the required financial reports according to the timeframe specified?	Yes
18	Does the Applicant/Qualified Vendor certify that it will submit the Certificates of Insurance, required by Section 6.7.6 (Indemnification and Insurance) of the DES/DDD Standard Terms and Conditions for Qualified Vendors, prior to accepting a referral or providing a service?	Yes
18.1	Does the Applicant/Qualified Vendor understand that service authorizations and payments may be withheld unless the Applicant/Qualified Vendor has provided acceptable proof of insurance coverage as required by Section 6.7.6 (Indemnification and Insurance) of the DES/DDD Standard Terms and Conditions for Qualified Vendors?	Yes
18.2	Does the Applicant/Qualified Vendor certify that it will submit any renewal or change to the Certificates of Insurance to the Division's Contract Management Unit within ten (10) business days of renewal or change?	Yes
18.3	Does the Applicant/Qualified Vendor certify that the Applicant's/Qualified Vendor's Insurer or the Applicant/Qualified Vendor will provide the Division's Contract Management Unit with a copy of all notices of insurance cancellation (including, but not limited to, notices issued prior to the effective date of cancellation) immediately upon issuance or receipt?	Yes

ASSURANCES AND SUBMITTALS

19	Will the Applicant/Qualified Vendor use a subcontractor(s) to provide QVA services?	No
19.1	If "yes" to Assurance 19, submit information about each subcontract as required in Section 6.6.3 (Subcontracts) of the DES/DDD Standard Terms and Conditions for Qualified Vendors.	
19.2	If "yes" to Assurance 19, will the Applicant/Qualified Vendor provide all the required insurance for the subcontractor(s)?	No
19.3	If "no" to Assurance 19.2, does the Applicant/Qualified Vendor certify that it will obtain the required Certificates of Insurance from the subcontractor(s) and submit the certificates to the Division's Contract Management Unit?	Yes
19.4	If "yes" to Assurance 19, does the Applicant/Qualified Vendor certify that its subcontracts incorporate by reference the entirety of the QVA and the Arizona Health Care Cost Containment System's ("AHCCCS") Minimum Subcontract Provisions?	No
20	Does the Applicant/Qualified Vendor warrant compliance with the Federal Immigration and Nationality Act (FINA) and all other federal immigration laws and regulations related to the immigration status of its employees and Key Personnel?	Yes
20.1	Is the Applicant/Qualified Vendor providing services through subcontractors?	No
20.1.1	If "yes" to Assurance 20.1, does the Applicant/Qualified Vendor agree to obtain statements from its subcontractors certifying compliance and furnish the statements to the Division upon request? These warranties shall remain in effect through the term of the QVA. The Applicant/ Qualified Vendor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act for all employees performing work under the QVA. I-9 forms are available at www.USCIS.gov.	No
20.1.2	The State may request verification of compliance for any Qualified Vendor or subcontractor performing work under the QVA. All costs necessary to verify compliance are the responsibility of the Qualified Vendor. Does the Applicant/Qualified Vendor understand this potential provision?	Yes
21	Does the Applicant/Qualified Vendor warrant compliance with all Federal immigration laws and regulations relating to employees and warrant its compliance with A.R.S. § 23-214, subsection A? (That subsection reads: "After December 31, 2007, every employer, after hiring an employee, shall verify the employment eligibility of the employee through the E-Verify program and shall keep a record of the verification for the duration of the employee's employment or at least three years, whichever is longer.")	Yes

ASSURANCES AND SUBMITTALS

22	Does the Applicant/Qualified Vendor certify that background checks for employment through the ADES Child Protective Services ("CPS") Central Registry shall be conducted for each existing employee and subcontractors, including volunteers, who provide direct services to children or vulnerable adults? By answering "yes", the Applicant/ Qualified Vendor certifies that background checks for each subsequent employee, subcontractor, and volunteer will be done as required by law, regulation, and contract. The Applicant/Qualified Vendor may utilize Section 9, Attachment G, Request for Search of Central Registry for Background Check, of the RFQVA # DDD 710000 for this purpose.	Yes
22.1	Does the Applicant/Qualified Vendor certify that before being employed or volunteering in a position that provides direct service to children or vulnerable adults, (1) persons shall certify on forms that are provided by the ADES whether an allegation of abuse or neglect was made against them and was substantiated, and (2), the completed forms shall be maintained as confidential?	Yes
22.2	Does the Applicant/Qualified Vendor certify that a person awaiting receipt of the CPS Central Registry Background Check will be permitted to provide direct service to ADES clients only if the person has first completed and submitted the Direct Service Position certification and: (1) the person is not currently the subject of an investigation of child abuse or neglect in Arizona or any other state or jurisdiction, and (2) the person has not been the subject of an investigation of child abuse or neglect in Arizona, or another state or jurisdiction, which resulted in a substantiated finding?	Yes
22.3	Does the Applicant/Qualified Vendor certify that if the Central Registry Background Check specifies any disqualifying act and the person does not have a Central Registry exception, the person shall be prohibited from providing direct services to ADES clients?	Yes
23	As a registered provider with the Arizona Health Care Cost Containment System Administration ("AHCCCSA"), does the Applicant/Qualified Vendor certify that it will screen all employees, contractors, and/or subcontractors no less frequently than monthly to determine whether any of them have been excluded from participation in federally-funded health care programs by checking the following databases and any other such databases that may be prescribed?	Yes
23.1	The List of Excluded Individuals and Entities ("LEIE"), which may be accessed at http://www.oig.hhs.gov/fraud/exclusions.asp?	Yes
23.2	The System for Award Management ("SAM"), which may be accessed at https://www.sam.gov/portal/public/SAM/?	Yes
24	Will all solicitation amendments to RFQVA # DDD 710000 issued by the Division be acknowledged by an authorized signature and will the signature page(s) of the Amendment(s) be submitted with the hardcopy Application?	Yes
25	Did a consultant assist the Applicant in completing the Application or assist the Qualified Vendor in preparing an amendment to the awarded QVA?	No

ASSURANCES AND SUBMITTALS

25.1 If "yes", submit a list of the name(s) and affiliation(s) (i.e., company/business name) of each consultant.

26 Did the Applicant/Qualified Vendor use another Application for a QVA and/or an awarded QVA as a resource in preparing this Application or an amendment to the QVA? No

26.1 If "yes", submit a list of the name(s) of each Applicant that submitted an Application and/or the name(s) of each awarded QVA that was used as a resource.

27 Is the hardcopy of the Qualified Vendor Application package or the QVA Amendment a true copy of the information submitted in electronic form in the QVADS and does it contain all required attachments and submittals? Yes

I have the authority and responsibility to submit this Application and to act as a representative of the Applicant in all phases of the Application process or the Qualified Vendor in all phases of amending as awarded QVA.

The information provided in the Application or any subsequent Amendment, including information entered into the QVADS and any attachments and submittals, is true, correct, and accurate to the best of my knowledge. I understand that any false statements may disqualify this Application from further consideration or be cause for termination of the QVA.

I agree to notify the Division within ten (10) business days of any changes to the information provided in this Application or in any subsequent amendment Amendment of an awarded QVA.

Authorized Signature

10-21-2014
Date

86-6000444
Federal Employer Identification Number

FAILURE TO COMPLETE, SIGN, SUBMIT, AND UPDATE AS NECESSARY THIS FORM MAY BE CAUSE FOR REJECTION OF THE APPLICATION OR TERMINATION OF AN AWARDED QVA.

The Division may contact any source available to verify the information submitted in the Application or any subsequent Amendment proposed to an awarded QVA and may use this information and any additional information obtained from the source(s) in evaluating the Application or any subsequent Amendment to an awarded QVA.