

CONTRACT VENDOR STATEMENT

The Division of Vocational Rehabilitation Contract Vendors (Providers) may be eligible for non-competitive “rate contracts” once they receive certification status through DVR’s Vendor Certification Unit, as prescribed in this manual. This manual offers three contract vendor types, (1) Employment Services, (2) Supported Employment Services (3) On-The-Job Training Services. Each Contract Vendor type is reference in this manual with appropriate forms and other necessary documents. **Pursuant to Florida Statutes 287.057 (5)(f)7.,** one of the primary eligibility criteria to provide contract services for the DVR, the organization must be a 501c3 designation from IRS.

CONTRACT PROVIDERS

Employment Services, Supported Employment Services and/or On-The-Job Training

- A completed DVR Application for Contracted Provider
- A copy of General Liability Insurance Policy Declaration (minimum \$1,000,000) including errors and omissions coverage.
- A Copy of Workers’ Compensation and Employer Liability Insurance Policy Declaration in accordance with Chapter 440 of the Florida Statutes or a copy of your certificate of exemption.
- A completed Affidavit of Good Moral Character for the individual or agency representative applying and/or for every person under the individual or agency that will be providing services to clients.
- A current copy of Florida Department of Law Enforcement Background Check for each employee providing services.
- Three letters of written reference including contact information. References cannot be from employees of DOE/DVR.
- Attestation of Required Information for Transporting DVR Client
- A completed Disclosure Statement
- A completed DVR Areas and Counties Where Services will be Provided
- A completed Disclosure of Assignments or Subcontractors
- A copy of Federal Not for Profit or Governmental Agency Status documentation.
- A list of the names and last four digit of Social Security number for employees providing contracted services to DOE/VR clients.

In addition to the documentation required above, both individual “and agency” providers who render this service must select and meet at least one of the qualification requirements below and provide the applicable documentation on behalf of his or her organization.

Proof of Qualification:

EMPLOYMENT SERVICES:

CARF (current and in the area of ES),
JCAHO OR

Education and/or Experience

SUPPORTED EMPLOYMENT:

Designation (Florida Department of Children and Families, Home and Community-Based Waive Services Provider Certification with an approved designation of SE).

CARF (current and in the area of SE),
JCAHO

Education and/or Experience and a Training Certificate

ON-THE-JOB TRAINING:

Education and Experience

State of Florida, Department of Education
Division of Vocational Rehabilitation
VENDOR CERTIFICATION REQUIREMENTS

OPTION A: EDUCATION AND / OR EXPERIENCE

Agency* providers must submit the following documentation for each employee who will be providing employment services and On-the-Job Training Services to DOE/DVR clients. Individual* providers must submit the following documentation for themselves.

1. A copy of a Masters Degree or Baccalaureate Degree from an accredited college or university and written documentation (resume) of one year of successful experience and employment in counseling, job placement, job coaching or public vocational rehabilitation program; OR,
2. A copy of an Associates in Arts Degree from an accredited college or university and written documentation (resume) of two years of successful experience and employment in counseling, job placement, job coaching or public vocational rehabilitation program may be used as a substitute for the required college education and experience; OR,
3. Written documentation (resume) of four years of successful experience and employment in counseling, job placement, job coaching or public vocational rehabilitation program may substitute on a year-for-year basis for the required college education and experience;
4. In addition, for Supported Employment only, a copy of a training certificate from a state or nationally recognized supported employment program;

OR

OPTION B: ACCREDITATIONS

1. Proof of current accreditation from The Commission on Accreditation of Rehabilitation Facilities (CARF) in the area of employment services or supported employment services; OR,
2. Proof of current accreditation from the Joint Commission on Accreditation of Health Care Organizations (JCAHO), OR,
3. For Supported Employment only, a copy of the Florida Department of Children and Families, Home and Community-Based Waiver Services Provider Certificate with an approved designation of Supported Employment.
4. Option B credentials can be used to provide On-the-Job Training Services ONLY if used in conjunction with applying for Employment Services or Supported Employment Services. If applying for On-the-Job Training only, use Option A.

***Definition of Terms:**

Agency means business, organization, or entity that has one or more staff employed to carry out these services. All employees of an agency who render this service for DVR consumers must meet the qualifications specified above. The agency shall maintain a personnel file documenting qualifications of all employees rendering this service for DVR consumers subject to review by DVR.

Individual means a provider who personally renders all services directly to consumers and does not employ others to render services.

SERVICES AND THE TERMS AND CONDITIONS OF SERVICES TO BE PROVIDED ARE DETAILED IN THE DOE/DVR EMPLOYMENT SERVICES CONTRACT, BUT AT A MINIMUM, THE FOLLOWING IS TO BE PROVIDED: Employability skills training, job-seeking skills, personal and vocational adjustment training, job development, job analysis, job coaching, and coordination of rehabilitation technology, plus placement and follow-up in employment for a minimum of 90 continuous days with a single employer in accordance with the Rehabilitation Act of 1973, as amended.
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State of Florida, Department of Education
Division of Vocational Rehabilitation
STANDARD VENDOR APPLICATION FOR CONTRACTED PROVIDERS – Page 1

Note: All applicants are to be registered in the State of Florida web-based procurement system known as MyFloridaMarketPlace (MFMP). This online registration must take place prior to the Division of Vocational Rehabilitation's Contracted Vendor Certification process being finalized. For more information on this registration process, please visit the web site at <http://dms.myflorida.com/dms/purchasing/myfloridamarketplace>. If you have questions or need assistance, please call the MFMP Customer Service office at 1-866-352-3776 (8:00 AM – 5:30 PM Eastern Time). Contract vendors for Vocational Rehabilitation must register with the Central Contractor Registration (CCR) and have a Dun and Bradstreet (D-U-N-S) number. There are two separate web links with two different registrations that must be completed: CCR Link: www.ccr.gov D-U-N-S Link http://www.dnb.com/US/duns_update/

MFMP REGISTRATION NUMBER: _____ D-U-N-S NUMBER: _____

NAME OF CONTRACTED PROVIDER*: _____

Authorized Agent's Name and Title**: _____

ADDRESS: _____

City	State	Zip code + 4 digits
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BILLING ADDRESS (If different from above): _____

City	State	Zip code + 4 digits
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PRIMARY TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME: _____

CONTACT EMAIL ADDRESS: _____

INDICATE THE TYPE OF CONTRACTED SERVICE FOR WHICH YOU ARE APPLYING FOR CERTIFICATION.

- _____ Employment Services
- _____ Supported Employment Services
- _____ On-The-Job Training Services

* This should be the same name reflected on your FEID and IRS 501(c) 3 documents.
** Authorized agent is a representative of the agency or individual with authority to conduct business on their behalf.

STANDARD VENDOR APPLICATION FOR
CONTRACTED PROVIDERS – Page 2

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE FLORIDA DEPARTMENT OF EDUCATION?

YES _____ NO _____

IF YES, PLEASE INDICATE WHO _____

We will accept and render services to clients of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race or color, disability, or national origin.

We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature of Authorized Agent

Date

IS YOUR APPLICATION COMPLETE?

- Registered in MyFloridaMarketPlace
 - Registered in CCR
 - Registered in D-U-N-S
 - Indicated "Type of Contracted Service"
 - Signed and Dated Application
 - Attached Required Documents
-

State of Florida, Department of Education
Division of Vocational Rehabilitation
AFFIDAVIT OF GOOD MORAL CHARACTER - Page 1

(Contracting Entity)

County

Before me this day personally appeared _____ who, being duly sworn, deposes and says:

- I am the representative of the contracting entity applying to be a Supported Employment Services, Employment Services and/or On-The-Job Training Services Provider with the Division of Vocational Rehabilitation.
- I am a subcontractor of the contracting entity applying to be a Supported Employment Services, Employment Services and/or On-The-Job Training Services Provider with the Division of Vocational Rehabilitation.
- I am an employee of the contracting entity applying to be a Supported Employment Services, Employment Services and/or On-The-Job Training Services Provider with the Division of Vocational Rehabilitation.

By signing this form, I am swearing that I have not been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of the adjudication, to any of the following charges in this or in any other jurisdiction. I also attest that I do not have a delinquency record that is similar to any of these offenses.

I understand I must acknowledge the existence of any criminal records relating to the following list regardless of whether or not those records have been sealed or expunged. I understand that I am also obligated to notify the Division of Vocational Rehabilitation of any possible disqualifying offenses that may occur while I am a qualified Supported Employment Services, Employment Services and/or On-The-Job Training Services Provider for the Division of Vocational Rehabilitation.

- adult abuse, neglect, or exploitation of aged persons or disabled adults
- domestic violence and injunction for protection
- murder
- manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- vehicular homicide
- killing an unborn child by injury to the mother
- assault, if the victim of offense was a minor
- aggravated assault
- battery, if the victim of offense was a minor
- aggravated battery
- battery on a detention or commitment facility staff
- kidnapping
- false imprisonment
- taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings
- carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- exhibiting firearms or weapons within 1,000 feet of a school
- possessing an electric weapon, destructive device, or other weapon on school property
- sexual battery
- prohibited acts of persons in familial or custodial authority
- prostitution
- lewd and lascivious behavior
- lewdness and indecent exposure
- arson
- felony theft and/or robbery
- fraudulent sale of controlled substances, if the offense was a felony
- abuse, aggravated abuse, or neglect of disabled adults or elderly persons
- lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- exploitation of disabled adults or elderly persons, if the offense was a felony

AFFIDAVIT OF GOOD MORAL CHARACTER - Page 2

- incest
- child abuse, aggravated child abuse, or neglect of a child
- contributing to the delinquency or dependency of a child
- negligent treatment of children
- sexual performance by a child
- resisting arrest with violence
- depriving an officer means of protection or communication
- aiding in an escape
- aiding in the escape of juvenile inmates
- obscene literature
- encouraging or recruiting another to join a criminal gang
- drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
- inflicting cruel or inhuman treatment on an inmate resulting in bodily harm
- harboring, concealing, or aiding an escaped prisoner
- introduction of contraband into a correctional facility
- sexual misconduct in juvenile justice programs
- relating to contraband introduced into detention facilities

Under the penalty of perjury, which is a first degree misdemeanor, punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding \$1,000 pursuant to ss. 837.012, or 775.082, or 775.083, Florida Statutes, I attest that I have read the foregoing, and I am eligible to meet the standards of good character for this position.

Signature of Affiant

OR

To the best of my knowledge and belief, my record may contain one or more of the foregoing Disqualifying acts or offenses.*

Signature of Affiant

Have you, to the best of your knowledge, ever been employed in, owned, or operated a child care facility or family child care home whose child care license was denied, revoked, or suspended, been fined, or been subject to disciplinary action in any state or jurisdiction:

YES NO

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____ 20_____.

My commission expires _____ NOTARY PUBLIC, STATE OF FLORIDA

My signature, as a Notary Public, verifies the affiant's identification has been validated by: _____.

*If you have been granted a Department of Children and Families exemption for a disqualifying offense, you must attach a copy of your current exemption to this Affidavit.

State of Florida, Department of Education
Division of Vocational Rehabilitation
ATTESTATION OF REQUIRED INFORMATION FOR TRANSPORTING DVR CONSUMERS

As a condition of receiving a Contract to provide Supported Employment Services, Employment Services and/or On-The-Job Training Services, in behalf of the Department of Education, Division of Vocational Rehabilitation (DOE/DVR), _____ (contracting entity) hereby attests that he/she/it and all of his/her/its employees and/or contractor who will transport DOE/DVR consumers for any reasons and at all times has/have the following:

- 1) Valid and current Florida's Driver's License
- 2) Valid and current automobile registration, and
- 3) Automobile insurance (\$50,000/\$100,000 minimum coverage)

Additionally, _____ (contracting entity) will maintain in his/her/its file a copy of all current information listed above on himself/herself/itself and all of his/her/its employees that has/does/will transport consumers on behalf of DOE/DVR and make such documentation available upon request by DOE/DVR. Failure to either not have current information or not provide such information upon request will result in revocation of this qualified status and termination of all rights to provide Supported Employment Services, Employment Services and/or On-The-Job Training Services.

(Contracting Entity)

By: _____

(Printed Name of Authorized Representative)

(Signatory Capacity)

(Address)

(Telephone)

(Fax)

(Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____, 20____ by

(Name of Person Making Statement)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Commissioned Name of Notary Public)

Personally known _____ or Produced Identification _____.

Type of Identification produced

_____.

State of Florida, Department of Education
Division of Vocational Rehabilitation
DISCLOSURE STATEMENT

Contract Provider: _____ Contract Number: _____

Contract Provider represents and warrants as a material inducement to the State of Florida, Department of Education ("Department"), to enter the above referenced Contract that:

1. Neither Contract Provider, nor any officer, agent or employee of Contract Provider has now or ever has had any private business venture with the following individuals (hereinafter called "Agency Personnel"): Members of the Florida Board of Education, the Secretary of the Florida Board of Education, the Commissioner of Education, the Contract Manager named in the Contract, or the members of the Senior Management Service or Selected Exempt Service presently employed by Department or the Florida Board of Education; and

2. Neither Contract Provider, nor any officer, agent or employee of Contract Provider has given or offered to give money or anything else of value to any one or more of the Agency Personnel, or to any other person, in consideration for Contract Provider's selection as Contract Provider; and

3. Contract Provider knows of no fact or incidence of wrongdoing surrounding its selection as Contract Provider that, if disclosed to the Department would call into question Contract Provider's selection as Contract Provider or its fitness or ability to meet all of its legal and ethical obligations under the Contract.

(Contracting Entity)

By: _____

(Printed Name of Authorized Representative)

(Signatory Capacity)

(Address)

(Telephone)

(Fax)

(Date)

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ by

(Name of Person Making Statement)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Commissioned Name of Notary Public)

Personally known ____ or Produced Identification ____.

Type of Identification produced _____.

State of Florida, Department of Education
 Division of Vocational Rehabilitation
 DOE/DVR AREAS & COUNTIES WHERE SERVICE WILL BE PROVIDED

*Check all areas that apply:

<input type="checkbox"/> Area One	<input type="checkbox"/> Area Two	<input type="checkbox"/> Area Three	<input type="checkbox"/> Area Four	<input type="checkbox"/> Area Five	<input type="checkbox"/> Area Six
<input type="checkbox"/> Escambia	<input type="checkbox"/> Columbia	<input type="checkbox"/> Lake	<input type="checkbox"/> Pinellas	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Miami-Dade
<input type="checkbox"/> Santa Rosa	<input type="checkbox"/> Union	<input type="checkbox"/> Sumter	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Broward	<input type="checkbox"/> Monroe
<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Seminole	<input type="checkbox"/> Hernando	<input type="checkbox"/> Charlotte	
<input type="checkbox"/> Walton	<input type="checkbox"/> Dixie	<input type="checkbox"/> Orange	<input type="checkbox"/> Pasco	<input type="checkbox"/> Lee	
<input type="checkbox"/> Holmes	<input type="checkbox"/> Clay	<input type="checkbox"/> Osceola	<input type="checkbox"/> Manatee	<input type="checkbox"/> Collier	
<input type="checkbox"/> Jackson	<input type="checkbox"/> St. Johns	<input type="checkbox"/> Brevard	<input type="checkbox"/> Sarasota	<input type="checkbox"/> Hendry	
<input type="checkbox"/> Washington	<input type="checkbox"/> Nassau	<input type="checkbox"/> Polk		<input type="checkbox"/> Glades	
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Baker	<input type="checkbox"/> Hardee			
<input type="checkbox"/> Liberty	<input type="checkbox"/> Putnam	<input type="checkbox"/> DeSoto			
<input type="checkbox"/> Bay	<input type="checkbox"/> Duval	<input type="checkbox"/> Highlands			
<input type="checkbox"/> Gulf	<input type="checkbox"/> Alachua	<input type="checkbox"/> Indian River			
<input type="checkbox"/> Franklin	<input type="checkbox"/> Bradford	<input type="checkbox"/> St. Lucie			
<input type="checkbox"/> Gadsden	<input type="checkbox"/> Levy	<input type="checkbox"/> Martin			
<input type="checkbox"/> Leon	<input type="checkbox"/> Marion	<input type="checkbox"/> Okeechobee			
<input type="checkbox"/> Wakulla	<input type="checkbox"/> Citrus				
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Flagler				
<input type="checkbox"/> Madison	<input type="checkbox"/> Volusia				
<input type="checkbox"/> Hamilton					
<input type="checkbox"/> Taylor					
<input type="checkbox"/> Suwannee					
<input type="checkbox"/> Lafayette					

Vendor's Signature: _____

Vendor's Name: _____

Address: _____

City/State/Zip+4 digit: _____

Authorized Agent: _____

Date: _____ Telephone: _____ Fax: _____

E-mail address: _____

***Attach a list of office locations where clients will be served. If you do not have an office, explain where you will meet consumers and provide services.**

State of Florida, Department of Education
Division of Vocational Rehabilitation
DISCLOSURE OF ASSIGNMENTS OR SUBCONTRACTORS

Contract Provider: _____ Contract Number: _____

In accordance with the Supported Employment Services and/or Employment Services Contract, contract providers may assign or delegate obligations under this Contract to another party and may subcontract for any work contemplated under this Contract only with a DOE/DVR approved vendor and with the written prior approval of DOE/DVR.

To ensure compliance with this section, please read and complete as appropriate:

No, I am not assigning or subcontracting any or all parts of this contract.

Yes, I am assigning or subcontracting any or all parts of this contract.

If yes, provide name of assignees or subcontractors with an explanation of what will be assigned or subcontracted as well as draft agreements with these parties to be submitted for DVR legal review and approval.

If yes, provide confirmation letter that subcontractor is a certified vendor with DVR.

(Contracting Entity)

By: _____

(Printed Name of Authorized Representative)

(Signatory Capacity)

(Address)

(Telephone)

(Fax)

(Date)

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ____ day of _____, 20__ by

(Name of Person Making Statement)

(Signature of Notary Public)

(Print, Type, or Stamp)

(Commissioned Name of Notary Public)

Personally known ____ or Produced Identification ____.

Type of Identification produced

_____.