



DVR Application Employment Networks

Thank you for your interest in contracting with the Division of Vocation Rehabilitation through a Memorandum of Agreement (MOA). We are pleased to have the opportunity to enter into this partnership with you to provide our customers with some post employment services as will be described in the MOA that will be developed subsequent to you becoming a Vendor of vocational rehabilitation.

If you are not already registered with MyFloridaMarketPlace (MFMP) you will need to apply for certification with them before your Vendor Certification can be completed with DVR. If necessary, please complete the following:

1. Register with the MyFloridaMarketPlace (MFMP) statewide electronic purchasing and payment system

http://dms.myflorida.com/egovernment_tools/myflorida_marketplace

MyFloridaMarketPlace, a web-based procurement system, is designed to streamline interactions between vendors and state government entities. All vendors wishing to do business with the state of Florida, whether a supplier of paper clips or a physician providing medical services, must first be a registered vendor with the state. This is a very important step because this system allows payments to be made to a vendor for their commodities or services.

This online registration must take place prior to VR's Memorandum of Agreement Provider Application process being finalized. You can complete this registration at MyFloridaMarketPlace.com under the "Vendors" link.

***Vendors providing direct service to eligible clients are exempt from the 1% fee that MFMP usually charges, even though vendors must sign that they will accept the fee. There will be a disclaimer on all DVR authorizations that ensures that DVR vendors of direct client services are not subject to this fee.

2. Visit our website www.rehabworks.org and click on the "Vendors" link.

Select the "**Special Category Vendors**" link. Then click on the **Employment Network** link for the application packet for the Employment Network needed for submission to Vocational Rehabilitation to obtain certification.

3. Complete the DVR Application Packet for Employment Network Providers.

The DVR Application Packet for Employment Network Providers (EN) must be completed and signed by an authorized agent. The EN Provider Application Packet may be found on www.rehabworks.org on the "Vendors" page.

Mail the EN Provider Application along with supporting documentation to the address listed at the bottom of the application or fax it to (850) 245-3394.

If you have any questions, comments, or concerns please do not hesitate to contact the DVR Vendor Certification Unit at rvendors@fldoe.vr.org or 1-866-580-7438. Thank you we look forward to working with you.



DIVISION OF VOCATIONAL REHABILITATION

DVR APPLICATION FOR EMPLOYMENT NETWORKS

(Please Type or Print the Following Information)

MY FLORIDA MARKET PLACE VENDOR NUMBER _____

Business Federal Employer Identification or Individual Social Security Number

NAME OF BUSINESS (as registered in MyFloridaMarketPlace): _____

DOING BUSINESS AS (if applicable): _____

INDIVIDUAL'S NAME: _____

SERVICE SITE LOCATION ADDRESS: _____

City

State

Zip Code

PLEASE INDICATE THE COUNTIES TO BE SERVED: _____

MAILING ADDRESS: _____

City

State

Zip Code

REMIT / BILLING ADDRESS: _____

City

State

Zip Code

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

CONTACT NAME AND TITLE: _____

CONTACT EMAIL ADDRESS AND PHONE NUMBER: _____

EMAIL: _____ **PHONE #** _____



DVR APPLICATION FOR EMPLOYMENT NETWORKS (Page 2)

(Please Type or Print the Following Information)

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION? Circle One: YES NO

IF YES, PLEASE INDICATE WHO: _____

PLEASE READ AND SIGN BELOW:

I/We will accept and render services to customers of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race or color, disability, or national origin. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature

Date

IS YOUR APPLICATION COMPLETE?

- Registered in MyFloridaMarketPlace**
- Signed and dated application**
- General Liability insurance Attestation**
- Proof of EN status with SSA**
- Affidavits of Good Moral Character Attestations**
- FDLE Background Check Attestations**
- Disclosure Statement**

**Please mail application and all required documents to:
Division of Vocational Rehabilitation
Vendor Certification
2002 Old St. Augustine Road, Building A
Tallahassee FL 32301**

**If you have any questions that pertain to this application, please contact
DVR Vendor Certification Unit at 1-866-580-7438 or e-mail: vrvendors@vr.fldoe.org**

State of Florida, Department of Education
Division of Vocational Rehabilitation

ATTESTATION OF GENERAL LIABILITY INSURANCE

As a condition of becoming a Vendor to provide Services in behalf of the Department of Education/Division of Vocational Rehabilitation (DOE/DVR), _____ (Vendor) hereby attests that he/she/it and all or his/her/its employees who will provide Services, has/have liability insurance, at a minimum of one-million (\$1,000,000) dollars, including errors and omissions as required by the DOE/DVR.

Additionally, _____ (Vendor) will maintain this insurance during the period of certification and shall present proof of such insurance upon request by the DOE/DVR to maintain a current Qualified Vendor Certification Status. Failure to do so will result in revocation of its qualified status and termination of all rights to provide Service's for the Division of Vocational Rehabilitation.

(Employment Network/Vendor)

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 _____, 200__ 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

AFFIDAVIT OF GOOD MORAL CHARACTER - Page 1

(Contracting Entity)

County of _____

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

I am the **representative** of the contracting entity and I am applying to be an Employment Network Provider with the Division of Vocational Rehabilitation.

I am an **employee** of the contracting entity applying to be a Provider of vocational rehabilitation services.

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 staff or employee of the contracting entity providing services 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
- 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 FLORIDA DEPARTMENT OF LAW ENFORCEMENT BACKGROUND CHECK

As a condition of receiving a contract to provide Supported Employment Services and/or Employment Services in behalf of the Department of Education / Division of Vocational Rehabilitation (DOE/DVR) _____ (contracting entity) hereby attests that he/she/it and all or his/her/its employees and/or contractors who will provide Services to customers of the Division of Vocational Rehabilitation has/have successfully had an Florida Department of Law Enforcement Background Check. Such Background Check(s) did not reveal any infractions or incidences which would negatively impact or hinder _____ (contracting entity), or its services for DOE/DVR and its consumers.

The _____ (contracting entity) will maintain in his/her/its file a current Background Check on himself/herself/itself and all of his/her/its employees and/or contractors and make such documentation available upon request by the DOE/DVR. Failure to do so will result in revocation of its qualified status and termination of all rights to provide services to consumers of the Division of Vocational Rehabilitation.

Furthermore, as a condition of receiving a subsequent contract/memorandum of agreement to provide Services to the Division of Vocational Rehabilitation _____ (contracting entity) attests that, prior to providing these services all newly hired employees and/or contractors, will undergo FDLE Background Check(s) which must result in meeting the above standards and the contract terms and conditions.

(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 _____, 200__ 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

Updated June 2009

Contractor: _____ Contract Number: _____

Contractor 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 Contractor, nor any officer, agent or employee of Contractor 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 Contractor, nor any officer, agent or employee of Contractor 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 Contractor's selection as Contractor; and

3. Contractor knows of no fact or incidence of wrongdoing surrounding its selection as Contractor that, if disclosed to the Department would call into question Contractor's selection as Contractor 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 _____, 200__ 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

_____.