**Work and/or Education Support Service Vendor Application**

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| **Business Information:** |

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| **Legal Business Name (as registered with the IRS):**       |
| **Legal Doing Business As (DBA) Name (if different):** |

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| **Owner Name (if different from Legal Business Name above):**      | **Owner/Director’s E-mail Address:**      |
| **Physical (Primary) Address of Business:**      |
| **Mailing/Billing Address (Street / PO Box):**      | **1099 Address (as registered with the IRS)** |
| **Business Phone:**      | **Alternate Phone No:**      |
| **Secondary Contact Person:**     **Title/E-mail Address:**      |

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| ☐ **For Profit**  | ☐ **Non For Profit** | ☐ **Other** |
| **Business Type/Classification (Attach a copy of certification documents)** |
| **Business Certifications:** [ ]  **No Business Certifications**[ ]  **MBE** (Minority Business Enterprise)[ ]  **DBE** (Disadvantaged Business Enterprise)[ ]  **WBE** (Women Business Enterprise)[ ]  **ACDBE** (Airport Concession Disadvantaged Business Enterprise)[ ]  **SBE** (Small Business Enterprise)[ ]  **HUB** (Historically Underutilized Business)[ ]  **PDBE** (Persons with Disabilities Business Enterprise)[ ]  **LIP** (Low Income Person Enterprise)[ ]  **OTHER**:  |
| **Is your business a member of any cooperative (Co-Op) organizations?** [ ]  **Yes**  [ ]  **No** |
| **If Yes, Co-Op Name**: **Contract #:** |

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| **Proposed Service Information** |
| Provide information on the services you are proposing to provide. Use attachments if necessary to provide the information requested below. |
| **Type of Service:**      **Targeted Customer Population:**      **Service Region:**       |
| **Service Description:** Provide a detailed description of the service you propose to provide and how you provide it. Be sure to list any sub-contractors and how they will be used or if you will provide the service directly.      |
| **Description of equipment /facilities used:**  Describe any equipment or facilities you will use to provide the service to Workforce Solutions customers.       |

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| **Price Information:**  |
| Pricing should be provided on a per unit basis. If you are proposing a different pricing model, please explain in detail in the “Other than Per Unit Pricing Detail” box below. Include an explanation of how the pricing will work given varying levels of services provided in a given time period (month or year).  |
| **Describe how you define a “unit” of service on which the price is based:**  |
| **Per Unit Price:**      |
| **Other than Per Unit Pricing Detail:**  If you are proposing a price on any basis other than per unit, explain the price in detail.      |

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| **Vendor Qualifications / Experience** |
| **Vendor Qualifications:** Describe your company’s qualifications to provide the service. Include subcontractor qualifications if applicable.      |
| **Has your organization been providing the service offered in this application for at least one year (we will not approve start up organizations)?** ☐ **Yes**  ☐ **No****Please list and describe your organizations experience providing the service offered.**     |

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| **References** |
| **List the name, contact information, and relationship to the vendor for at least 3 references:**      |
| **W-9 Request** |
| **We are requesting the form W-9 to establish legal business, tax classification and TIN as listed with the IRS. We require the form to assist in identifying your legal business name which is needed for contractual and regulatory purposes.** **Please attach a copy of Form W-9 to this request. We only use your tax information for required governmental reporting purposes.** |
| **Are you willing to enter into a direct agreement with Workforce Solutions and accept a Workforce Solutions voucher (you must submit an invoice to receive reimbursement?)** ☐ **Yes**  ☐ **No** |

**Please check off all items you are including with your application**

**Check List:**

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|[ ]  Business Certification if applicable |
|[ ]  W-9 |

**Authorization**

**I, the undersigned vendor (“Vendor”) attest that the information provided above is true and accurate. By signing this form, Vendor acknowledges the information above and on the attachments to this application is not misrepresented or untrue and that Vendor will inform Workforce Solutions if any of the information changes. Workforce Solutions reserves the right to remove a vendor from the Vendor Network who is found to have misrepresented or presented information that is untrue as a part of this application.**

**For vendors providing services to customers at their site, Workforce Solutions will do an on-site visit as part of our review process. Workforce Solutions staff may also conduct quality assurance reviews after a vendor is approved. By signing this application, the signatory authorizes Workforce Solutions to conduct an on-site review.**

**Signature of Authorized Representative**

**Type/ Printed Signatory**

**Title**

**Date**