



Please submit 1 original and 1 copy to include:

COMPLETED FY 2015-2016 APPLICATION PACKET:

- DIRECT PURCHASE OF SERVICE FY 2015-2016 VENDOR APPLICATION/RENEWAL UPDATE
- W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER/CERTIFICATION
- NON CONFLICT OF INTEREST
- CERTIFICATE OF NON DEBARMENT
- ASSURANCE OF COMPLIANCE-Civil Rights Act
- ASSURANCE OF COMPLIANCE-Section 504
- CERTIFICATE OF SIGNATORY AUTHORITY

All of the above items are included in the Application Packet.

ADDITIONALLY, PLEASE SUBMIT THE FOLLOWING:

- VALID PROOF OF LIABILITY INSURANCE - MUST BE VALID BY CONTRACT PERIOD
- RESIDENTIAL – 25,000 – 50,000 MIN
- TRANSPORTATION – 100,000 MIN
- HOME MAKER – MIN APPROPRIATE COVERAGE
- RESPITE CARE – MIN APPROPRIATE COVERAGE
- OTHER SERVICES – MIN APPORPRIATE COVERAGE
- VALID STATE LICENSE AND/OR ACCREDITATIONS MUST BE VALID FOR THE DURATION OF THE CONTRACT