**Vendor Information**

Vendor Legal Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Name (dba): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas/Counties Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of organization:

[ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation

[ ]  Limited Liability Corporation [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Industry sector(s):

[ ]  Public [ ]  Private [ ]  Non-Profit

Contact Information:

Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Rates** (Additional page(s) may be attached if needed)

Standard Rate

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  day [ ]  hour [ ]  minute

Normal Business Days / Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance Notice Required: [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much?)

Minimum Charge (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much?)

Maximum Availability (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how long?)

Additional Charges (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (details)

Extended Hours Rate

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  day [ ]  hour [ ]  minute

Extended Rate Days / Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advance Notice Required: [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much?)

Minimum Charge (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much?)

Maximum Availability (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how long?)

Additional Charges (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (details)

Emergency Rate (without proper required notice)

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  day [ ]  hour [ ]  minute

Minimum Charge (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how much?)

Maximum Availability (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (how long?)

Additional Charges (per use): [ ]  No [ ]  Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (details)

**Multiple Participant Rate**

Can one job coach assist multiple participants at same work site simultaneously:

[ ]  Yes [ ]  No

Maximum Participant to Job Coach ratio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: $\_\_\_\_\_\_\_\_\_\_\_\_ per [ ]  participant [ ]  day [ ]  hour [ ]  minute

Additional Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Experience**

Date Business Opened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of Experience in Job Coaching: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Employees that are certified Job Coaches: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Staff that may be assigned to Workforce Solutions jobs**

\*Please attach current resume and credentials for each listed staff member

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Years of Experience** | **Certifications** | **Specialty** |
|  |  |  |  |
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\* assigned staff must meet minimum requirements: Bachelor’s and 2 years’ experience, OR HS Diploma and 4 years’ experience, OR recognized credential in their field and a minimum 1 year of experience (any exceptions must be documented and approved by Workforce Solutions)

**Vendor References**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Business Name** | **Years as a Customer** | **Contact Name** | **Phone Number** | **Email Address** |
|  |  |  |  |  |
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|  |  |  |  |  |

**Vendor Authorization**

By signing this document, I certify the information in this application is accurate and true. I also certify that my organization agrees to comply with the requirements laid out in the Vendor Service Agreement.

Vendor Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Received by FAPO** (This section to be completed by Workforce Solutions staff)

Reviewed: [ ]  Yes [ ]  No

Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_