

Work and/or Education Support Service Vendor Application

Business Information:		
Vendor Name:		
Owner Name (if different from Vendor Name above):	Owner/Director's E-mail Address:	
Physical Address of Business:		
Mailing/Billing Address (Street / PO Box)		
Business Phone:	Alternate Phone No:	
Secondary Contact Person:	Title/E-mail Address:	
<input type="checkbox"/> For Profit	<input type="checkbox"/> Non For Profit	<input type="checkbox"/> Other

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.

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.

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?

Yes No

Please list and describe your organizations experience providing the service offered.

References

List the name, contact information, and relationship to the vendor for at least 3 references:

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 prior to approval.

Signature of Authorized Representative

Type/ Printed Signatory

Title

Date