

QUALIFIED VENDOR APPLICATION APPROVAL

TO: THE STATE OF ARIZONA

I represent and warrant that I have the requisite authority to sign and submit this Application.

Entity Name: _____

Federal Employer Identification Number: _____ Application Number: _____

A false statement in any offer submitted to the Department of Economic Security may be a criminal offense in violation of A.R.S. § 13-2407

Authorized Signatory Printed Name: _____ Title: _____

Key Personnel Position (*per Section 13.3.3 of RFQVA DDD-2024*): _____

Authorized Signatory Signature: _____

Alternate Authorized Signatory Printed Name: _____ Title: _____

Key Personnel Position (*per Section 13.3.3 of RFQVA DDD-2024*): _____

Alternate Authorized Signatory Signature: _____

APPROVAL OF APPLICATION (FOR STATE OF ARIZONA USE ONLY)

Your application is hereby approved. This Application shall henceforth be referred to as the Qualified Vendor Agreement No.: _____.

The application approval does not grant the Qualified Vendor the authority to begin providing services. Before beginning services, the Qualified Vendor must complete a readiness review for each contracted service, be approved by the Division of Developmental Disabilities' Credentialing Committee, and receive a service start date from the Division. The Qualified Vendor is now bound to provide the approved services based upon the Request for Qualified Vendor Application (RFQVA), including all terms, conditions, services specifications, scope of work, amendment, etc., and the Qualified Vendor's Application as accepted by the State.

The effective date of this Agreement is: _____

State of Arizona Approved this Date: _____

DDD Procurement Officer

Name: _____

Signature: _____