SECTION 9
ATTACHMENT A
APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD
(Shall be printed when you submit your electronic application.)

APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD	ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF DEVELOPMENTAL DISABILITIES

APPLICATION

TO: THE STATE OF ARIZONA

The Undersigned hereby applies and agrees to provide the service(s) in compliance with the RFQVA.

For clarification of this application, contact:

Name

Phone Number

Fax Number

E-Mail Address

If awarded a Qualified Vendor Agreement, all notices should be sent to:

Name

Mailing Address

City State Zip

Phone Number Fax Number

E-Mail Address

Federal Employer Identification Number

Company Name

Mailing Address

City State Zip

Phone Number Fax Number

E-Mail Address

Signature of Person Authorized to Sign Application

Printed Name

Title

SAMPLE

APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY)

Your Application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the Request for Qualified Vendor Applications (RFQVA), including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's Application as accepted by the State.

This Agreement shall henceforth be referred to as Qualified Vendor Agreement No._____. The begin date and the effective date of this Agreement is either the date that this award is signed by the Procurement Officer or January 1, 2011, whichever is later.

State of Arizona
Awarded this Date: _____

DDD Procurement Officer