

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

<b>APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD</b> _____	ARIZONA DEPARTMENT OF ECONOMIC SECURITY  DIVISION OF DEVELOPMENTAL DISABILITIES
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**APPLICATION**

<b>TO: THE STATE OF ARIZONA</b> 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 _____

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

<p>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.</p> <p>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.</p> <p style="text-align: right;">State of Arizona Awarded this Date: _____  _____ DDD Procurement Officer</p>	
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