

RFQVA AMENDMENT RFQVA #s: DDD 704011, 704012, 704014, 704015 Amendment to Extend Final Term Dates of Qualified Vendor Agreements and Solicitation Page 1 of 2	DEPARTMENT OF ECONOMIC SECURITY Agency: Division of Developmental Disabilities Address: 1789 W. Jefferson, Site Code 791 A P.O. Box 6123 Phoenix, Arizona 85005 Phone: (602) 542-6808
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A signed copy of the signature page, page 2, of this amendment must be submitted with the hard copy of the Application, or, if a Qualified Vendor Agreement has been awarded as of the date of issue of this amendment, the Qualified Vendor must return a signed copy of this amendment within 30 days of the date of issue to:

Contract Management Section
Business Operations – Site Code 791 A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

The RFQVA is amended as follows:

This amendment extends the Agreement Term of all Qualified Vendor Agreements to 12/31/2010. This amendment supersedes both the Agreement Term stated in § 1, NOTICE OF REQUEST FOR QUALIFIED VENDOR APPLICATIONS (RFQVA) and § 6.3.8-9 of the Standard Terms and Conditions. The agreement can be terminated as specified in Section 6, DES/DDD Terms and Conditions.

No attachments or enclosures.

EXCEPT AS PREVIOUSLY AMENDED, ALL OTHER PROVISIONS OF THE RFQVA SHALL REMAIN IN THEIR ENTIRETY.

NOTE: IN ACCORDANCE WITH A.R.S. § 36-557.K, RATES FOR THE SERVICES PURCHASE THROUGH THIS RFQVA ARE INCLUDED IN THE MOST CURRENT RATEBOOK, WHICH IS AVAILABLE ON THE DIVISION'S WEBSITE.

<p>Applicant hereby acknowledges receipt and understanding of the above RFQVA amendment.</p>		<p>The above referenced RFQVA Amendment is hereby executed this <u>14th</u> day of <u>May</u>, 2010, at Phoenix, Arizona.</p>
<p>_____ Signature</p>	<p>_____ Date</p>	<p><i>Antonia Valladares</i> _____ Signature</p>
<p>_____ Typed Name and Title of Authorized Signatory</p>		<p>_____ Antonia Valladares, DDD Contracts Administrator _____ Typed Name and Title of Authorized Signatory</p>
<p>_____ Name of Qualified Vendor (On W-9)</p>		
<p>_____ Qualified Vendor FEIN (On W-9)</p>		
<p>_____ Qualified Vendor Agreement Number (On QVA)</p>		

AMENDMENT CHECKLIST

Arizona Department of Economic Security
Division of Developmental Disabilities
Qualified Vendor Agreement Amendment Checklist

To assure continuation of your current Qualified Vendor Agreement please follow the Checklist to ensure your Agreement is up-to-date. Submit signed amendment, and any additional documentation needed for updating to:

Contract Management Section
Business Operations – Site Code 791 A
Division of Developmental Disabilities
Arizona Department of Economic Security
P.O. Box 6123
Phoenix, Arizona 85005

IDENTIFY ALL DOCUMENTATION WITH YOUR FEIN NUMBER AND QVADS NUMBER.
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	Document Required	Document Attached	YES/NO
1	1. Updates as appropriate		
	1. Assurances & Submittals Form	<input type="checkbox"/>	<input type="checkbox"/>
	2. Vendor Contract Information	NA ¹	<input type="checkbox"/>
	3. Vendor Policies	NA	<input type="checkbox"/>
	4. List of Services Offered	NA	<input type="checkbox"/>
	5. Service Detail Information	NA	<input type="checkbox"/>
	6. Administrative Sites	NA	<input type="checkbox"/>
	7. Group Homes/Day Treatment and Training Sites (if applicable)	NA	<input type="checkbox"/>
2	Original Signature on Amendment	<input type="checkbox"/>	<input type="checkbox"/>
3	Original Signature on Assurances and Submittals page (b above) and Hardcopy Assurances (Attachment 9.E from RFQVA) if updated.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4	Corporate ownership/affiliation organizational chart if updated.	<input type="checkbox"/>	<input type="checkbox"/>
5	Current State of Arizona Substitute W-9 form, if updated.	<input type="checkbox"/>	<input type="checkbox"/>

¹ NA indicates that updating is done electronically, No hardcopy is required.

AMENDMENT CHECKLIST

	Document Required	Document Attached	YES/NO
6	Certificates of Insurance (as necessary). Make sure that you have provided up to date documentation.	<input type="checkbox"/>	<input type="checkbox"/>
7*	Explanation and status of revocation, denial, or suspension of license, certification, and/or registration if you answered YES to Question 5 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
8*	Description of contracts terminated or contract lawsuits if you answered YES to Question 6 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
9*	Summary of lawsuits or judgments pending or entered if you answered YES to Question 7 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
10*	Information regarding convictions related to Medicare, Medicaid, or the State Children's Health Insurance Program if you answered YES to Question 8 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
11*	Information regarding conviction of a felony if you answered YES to Question 9 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
12*	Explanation of noncompliance with any civil rights requirements if you answered YES to Question 10 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
13*	Conflict/potential conflict of interest disclosure statement if you answered YES to Question 12 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
14*	Substantial interest disclosure statement if you answered YES to Question 13 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
15*	Explanation of pending suspension or debarment if you answered YES to Question 15 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
16*	Disclosure statement for any judgments, tax deficiencies or claims pending or entered if you answered YES to Question 20 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
17*	Court approved bankruptcy corrective plan of action if you answered YES to Question 23 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>
18*	Subcontractor information if you answered YES to Question 24 on updated Assurances and Submittals section.	<input type="checkbox"/>	<input type="checkbox"/>

AMENDMENT CHECKLIST

	Document Required	Document Attached	
19	One complete original and one copy of all submitted information listed in items 1 through 22 above as necessary.	<input type="checkbox"/>	<input type="checkbox"/>
*	Required as applicable.		