



Division of Vocational Rehabilitation
CRP Contract Information
Solicitation #0115-0101
Exhibit L

1. Contractor Information **Please PRINT clearly in all boxes, except for signature box.**

| | |
|--|---|
| CONTRACTOR NAME AS REGISTERED WITH THE IRS | CONTRACTOR DBA (IF ANY) FOR THIS CONTRACT |
|--|---|

NAME OF PERSON HAVING SIGNING AUTHORITY TO LEGALLY BIND THE ORGANIZATION TO A DSHS CONTRACT

| | |
|---|--|
| SIGNING AUTHORITY PERSON'S PHONE NUMBER () - Extension: | SIGNING AUTHORITY PERSON'S EMAIL ADDRESS |
|---|--|

PHYSICAL ADDRESS FOR EACH OF YOUR OFFICES THAT YOU WILL PROVIDE SERVICES FROM. *(Please use separate sheet of paper if more than one)*

STREET: , CITY: STATE: ZIP: +

2. Contracting Information

A. Is bus transportation available to the location you will serve DVR Clients? Yes No

B. Is your organization currently or has your organization been the subject of any investigation or *finding(s)* due to a DSHS or other state agency investigation regarding the performance of a criminal act, abridgement of human rights or improper billing practices?
 Yes No

C. Is this the first contract for CRP services for your organization? Yes No

D. Years of experience your organization has providing the type of services purchased through this contract? _____ years

E. Have you received any audit findings in the past two (2) years? Yes No

F. Do you have other state agency or other government contracts? Yes No

G. Do you have contract(s) or receive funds for the provision of similar services as purchased through this contract? Yes No

H. Do you have any unresolved invoicing or service issues with any current contracts? Yes No

I. What percentage of staff turnover have you had in the past 12 months? _____%

3. Counties Served by CRP Contractor

Please check only those counties your organization will serve.

| | | | |
|------------------------------------|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> STATEWIDE | <input type="checkbox"/> Ferry | <input type="checkbox"/> Klickitat | <input type="checkbox"/> Skamania |
| <input type="checkbox"/> Adams | <input type="checkbox"/> Franklin | <input type="checkbox"/> Lewis | <input type="checkbox"/> Snohomish |
| <input type="checkbox"/> Asotin | <input type="checkbox"/> Garfield | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Spokane |
| <input type="checkbox"/> Benton | <input type="checkbox"/> Grant | <input type="checkbox"/> Mason | <input type="checkbox"/> Stevens |
| <input type="checkbox"/> Chelan | <input type="checkbox"/> Grays Harbor | <input type="checkbox"/> Okanogan | <input type="checkbox"/> Thurston |
| <input type="checkbox"/> Clallam | <input type="checkbox"/> Island | <input type="checkbox"/> Pacific | <input type="checkbox"/> Wahkiakum |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Pend Oreille | <input type="checkbox"/> Walla Walla |
| <input type="checkbox"/> Columbia | <input type="checkbox"/> King | <input type="checkbox"/> Pierce | <input type="checkbox"/> Whatcom |
| <input type="checkbox"/> Cowlitz | <input type="checkbox"/> Kitsap | <input type="checkbox"/> San Juan | <input type="checkbox"/> Whitman |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> Kittitas | <input type="checkbox"/> Skagit | <input type="checkbox"/> Yakima |

4. I certify, under penalty of perjury as provided by the laws of the State of Washington, that all of the foregoing statements are true and correct, and that I will notify DSHS of any changes in any statement.

| | |
|----------------------|-------|
| CONTRACTOR SIGNATURE | DATE |
| PRINTED NAME | TITLE |