

Executive Office of Health and Human Services

Department of Developmental Services

Contracting Qualification Form

Contracting Qualification for New Purchase of Service Providers

Responding to (RFR) #: _____ Issued by EOHHS Agency: _____

*****The RFR response must be completed along with the information and documentation for this form in order to be eligible to contract with an EOHHS agency*****

I. Information for Primary Organization:

Primary Organization Name (legal name not DBA name): _____

FEIN #: _____

☐ Check here, if the primary organization is a "non-contracting parent" entity and attach the Supplement (Page 2) for the child/affiliate organization information.

Organization Type (check one):

☐ Non Profit ☐ For Profit

Organization Type - Secondary (check one):

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other (Please explain)

Organization's Information:

| | |
|---|--|
| Chief Financial Officer (Print First and Last Name) | |
| Street Address (Number/Street, City, State, Zip) | |
| Contact Person (Print First and Last Name) | |
| Contact Title | |
| Contact Telephone # | |
| Contact Email Address | |

II. Submission Materials - Covering the primary organization and all affiliated entities as required by instructions):

Documentation submission: The following documentation is required for application as indicated in the sections below.

Required Documentation:

Required Documentation – Submit All

- ☐ Federal Employer ID # (FEIN) Documentation / W-9
- ☐ Board/Principals Information: Include resumes for Chief Executive Officer and Chief Financial/Admin Officer
- ☐ Organizational Chart - *The organizational chart must include any parent/child entities within the organization and/or financial investors of the company applying for qualification.*
- ☐ Organization Documents filed and certified by Commonwealth Secretary of State

Financial/Audit Information: Required for all commonly controlled, affiliated or related entities. See the instructions for details.

Fiscal Year End: _____

Has your organization been in business for 12 months or more?

- ☐ Yes: Submit Tier 1 documents
☐ No: Submit Tier 2 documents

Tier Documentation:

Tier 1 Documentation

- ☐ Audited Financial Statements for the most recent fiscal year*

Tier 2 Documentation

- ☐ Form PC - Mass. Office of the Attorney General, Division of Public Charities (Non-Profit Only)
☐ Letter/Line of Credit from a Financial Institution in the **Name of Organization*****, or
☐ Financials and Assets for at least previous 3 Months in the **Name of the Organization***** - bank statements, P&L reports, balance statements, asset reports, etc.**

* If the procurement exceeds exemption/exception thresholds established by the OSD, and provider receives funding from the Commonwealth, an audit will be required in accordance with Generally Accepted Governmental Auditing Standards (GAGAS, a.k.a. GAS)

**The type of financial documentation submitted will impact the qualification status assigned by the PPA. Please refer to instructions.

***Personal statements, documentation, etc will not be accepted.

III. Related Party Disclosure Certification

The signatory below represents that all required related party disclosures have been made in a complete and accurate manner and that all pricing and procurement requirements pertaining to related party relationships have been fulfilled in compliance with 808 CMR 1.00 and the supplemental guidance material promulgated by the Operational Services Division of the Commonwealth. **If applicable, please attach a separate document describing any current related party transactions.**

IV. Federal Disclosure, Tax and Other Compliance Certification

Under the penalties of perjury, the signatory below certifies that neither the organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation by any Federal or state department or agency that the organization complies with the laws and regulations relating to State and Federal Taxes and with all other requirements of the Terms and Conditions for Human and Social Services contracting and that all qualification submission information and attachments are true and complete to the best of my knowledge and signatory's knowledge and belief. The certification line below must be signed and dated by the authorized signatory for organization covered by this submission. The signatory for the Primary Organization should sign below on this page. The signatory for each additional organization should sign on the supplemental page(s) covering information for child/affiliate organizations.

Authorized Signature: _____

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FOR PPA INTERNAL USE:

Qualification Status: _____

- ☐ Qualified
☐ Limited Qualification
☐ Rejected

Comments: _____

PPA Approval: _____

Name (Printed): _____ Signature: _____

Supplement to Contracting Qualification Form

(Complete this section for each affiliated organization. This page may be copied as required)

Primary Organization Name (legal name not DBA name): _____

FEIN #: _____

Information for Child/Affiliate Organization:

Child/Affiliate Organization Name: _____

FEIN #: _____

Organization Type (check one):

☐ Non Profit ☐ For Profit

Organization Type - Secondary (check one):

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship ☐ Other (Please explain)

Organization's Information:

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| Chief Financial Officer (Print First and Last Name) | |
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Authorized Signature: _____ Date: _____