

Department of Developmental Services

Administrative/Financial Pre-Qualification Form

New Purchase of Service (POS) Providers

Responding to (BID/RFR) ID/Name: _____

**Vendors should carefully read instructions and RFR/BID for programmatic requirements before completing this form*

Information for Primary Organization:

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

FEIN #: _____

Organization Type (check one):

☐ For Profit

☐ Non-Profit

☐ Public/Quasi Public

Organization Type - Secondary (check one if For Profit or Non-Profit):

☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship

☐ Other (Please explain): _____

Organization's Information:

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

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

Documentation submission: The following documentation must be included with completed form for application to be considered. If any of these documents are missing, your application will not be considered unless an explanation is included to explain why specific document/s are missing.

Submit All

☐ Federal Employer ID # (FEIN) Documentation / W-9

☐ Articles of Incorporation

☐ 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. Asterisk any positions that are currently vacant.*

☐ 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: _____

How long has your organization been in business? _____

Financial Tier Documentation:

Tier 1 Documentation

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

*Required for specific BID/RFRs. Please refer to instructions

Tier 2 Documentation

- ☐ Letter/Line of Credit in Name of Organization, or
☐ Financials and Assets for at least previous 3 Months - bank statements, P&L reports, balance statements, asset reports, etc. Any statements must show revenue received from outside resources and expenditures that demonstrate that provider can cover initial costs of providing services.

II. 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.**

III. 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. The certification line below must be signed and dated by the authorized signatory for organization covered by this submission. If applicable, the signatory for each additional organization should sign on the supplemental page(s) covering information for child/affiliate organizations.

Authorized Signature _____ Date: _____

Email completed form and back up documents to DDSPROPROCUREMENT@mass.gov

Supplement to Contracting Qualification Form

(Complete this section for each affiliated organization. This page may be copied as required. Does not apply to Public or Quasi-Public Entities)

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:

Chief Executive or 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	

Related Party Disclosure Certification

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