

NEVADA STATE USE, PREFERRED PURCHASE PROGRAM
Application for Certification

Organization Information

Organization Name: _____

Mailing Address: _____

City: _____ State: Nevada Zip Code: _____

Physical Address for Headquarters _____

City: _____ State: Nevada Zip Code _____

President/CEO/Executive Director (print) _____

Telephone Number _____ Fax Number _____

Email Address: _____

Names and titles of those ultimately responsible for the following functions:

<u>Functions</u>	<u>Name (First, Last)</u>	<u>Title</u>
Negotiate and Sign Contracts:	_____	_____

Quarterly Reporting: _____

Personnel Management: _____

Organization Information and Interest

Current number of all employees with disabilities employed at your organization (includes the entire organization, not just State Use contracts). _____

List all State Use services and products currently offered and the work locations:

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List additional information regarding work locations (i.e. square footage, loading dock, fork lift etc.):

Is each location fully accessible to persons with disabilities? Yes _____ No _____

If no, explain how services will be made accessible to persons with various disabilities (i.e. hearing/visual impairments, physical disabilities, etc.).

List all additional services and products organization is interested in providing:

What current and valid license, accreditation, affiliation, or certification does your organization have? Attach copies of current license(s)/certificate(s).

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To obtain Program Certification, all listed documents are required

- A copy of the IRS non-profit determination – Sec. 501(c) (3);
- A copy of the Articles of Incorporation granted by the Secretary of State, (The Articles of Incorporation should state the purpose of the company is to provide employment for individuals with disabilities. If the Articles of Incorporation do not specifically state the appropriate purpose, a copy of the Bylaws stating the purpose may also be included);
- A list of the board of directors, including names, addresses, and telephone numbers;
- A copy of the organizational chart with job titles and names;
- Insurance Certificate (current copy):
 - a) Certificate of Liability Insurance: General Aggregate \$2,000,000; Products – Completed Operations Aggregate \$1,000,000; Personal and Advertising Injury \$1,000,000; Each Occurrence \$1,000,000
 - b) Automobile Liability Insurance policy: *Combined Single Limit (CSL) \$1,000,000*
 - c) *Worker's Compensation Insurance: Each Accident \$100,000; Disease – Each Employee \$100,000; Disease – Policy Limit \$500,000*
 - d) Professional Liability (Errors and Omissions Liability): *Each Claim \$1,000,000; Annual Aggregate \$2,000,000*

All policies shall be endorsed to include the following additional insured language: "The State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor".

- A copy of the wage exemption certificate (WH-228), if applicable. NOTE: sub-minimum wages are disallowed for work performed on any State Use Contract.

Compliance Requirements

A contract entered into pursuant to the Program must provide for payment of an administrative fee to the Department of Administration, Purchasing Division. The fee will be calculated at 1% of the overall total payments received from state agencies, political subdivisions, universities and governmental entities in other states, on all goods and services purchased pursuant to the contract during the reporting quarter.

All contracts that an organization has entered into pursuant to the Program must be reported quarterly to the Purchasing Division, on a form prescribed by the Division.

Is there an accessible file available for review containing required documentation of disabilities, consistent with the definition stated in the Nevada Administrative Code, Title 232, Chapter 270 for all individuals counted as disabled and to be employed in State Use Programs? (Definition: Disability - a physical or mental impairment that substantially limits one or more of the major life activities of the person.)

Yes _____ No _____

If no, please explain _____

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Affirmation and Execution

I certify, by signature below, that I have read the NRS 334.025, and agree to abide by the criteria for "Organizations", and I am making application, on behalf of the named organization, to become an approved Program Participant.

I certify, by signature below, that all employees working on a State Use Contract will be paid at State Minimum Wage or above.

If certification is approved, the organization agrees to maintain compliance with NRS 334.025 and the requirement that 75% of direct labor necessary to perform services and to produce products must be by persons with documented disabilities and will verify such compliance in regular quarterly reporting to the Division.

I certify that all statements and information in this application are true and correct and that I have the authority to execute and submit this application for certification.

Printed Name and Title of Applicant Representative

Signature of Applicant Representative

This instrument was subscribed and sworn to before me, the undersigned notary public, on this

_____ day of _____, year _____ by _____
Printed Name of Applicant Representative

of _____ on behalf of said entity or corporation.
Name of Applicant Entity or Corporation

Notary Public Signature My Commission Expires
(Notary Seal/Stamp)

Please return to the Department Administration, Purchasing Division, Preferred Purchase Program at 515 East Musser Street, Suite 300, Carson City, Nevada 89701 or to nvpreferredpurchase@admin.nv.gov.