**Arizona Set Aside Procurement Program**

Application For Certification

Under A.R.S. §41-2636(G), a non-profit organization may request written approval from the committee for certified status as a Certified Non-Profit Agency for Disabled Individuals (C-NADI) for the purpose of being eligible for Set Aside Contracts.

**C-NADI-**

All applicants should follow the checklist for documentation that is required with the application. All questions must be answered and the requested documents submitted. Failure to follow these instructions will delay the processing of the application. Questions that do not apply to your firm should be marked “NA” in the space provided. If you have questions or would like assistance in completing the application, please contact Betty Austin, Set Aside Contracts Administrator at (602) 364-0102.

Return the completed application to:

State of Arizona, Department of Administration

State Procurement Office

Attn: Betty Austin, CPPB

100 N. 15th Avenue, Suite 201

Phoenix, AZ 85007

Or Betty.Austin@azdoa.gov

|  |
| --- |
| **SECTION I.** |
|  |
| **Organizational Information** |

|  |
| --- |
| 1. Legal Name of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other Names Used by Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address if Different from Street Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number ( \_ ) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Fax Number ( \_ ) \_\_\_\_\_\_-\_\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date business was started or acquired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Primary Point of Contact:   Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_    Telephone Number ( ) \_\_\_\_\_-\_\_\_\_\_\_\_ ext.\_\_\_\_\_\_\_\_\_\_  Fax Number ( ) \_\_\_\_\_-\_\_\_\_\_\_  Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 1. List all branch offices/subsidiaries/affiliates by name and address   **Name**   **Address** |
| 1. |
| 2. |
| 3. |
| 4. |

|  |
| --- |
| **SECTION II.** |
|  |
| **Non-Profit Activity Center** |

Please provide a brief description of the Non-Profit Activity Center. Include address of location, indicate if it is an activity center, workshop, or other combined training facility. Attach all brochure information relevant for consideration.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **SECTION III.** |
|  |
| **Non-Profit Status** |

|  |  |
| --- | --- |
| Please attach and initial that you have provided the following: | |
|  | |
| 501C (3) Status | Federal Tax ID Information |

|  |
| --- |
| **SECTION V.** |
|  |
| **Product and Service Offerings** |

|  |  |  |
| --- | --- | --- |
| Please provide a detailed listing of all of the materials, products, or services that your organization provides. Additionally, please indicate the geographic delivery and/or servicing areas (statewide, county, city or town) that your organization has capacity to offer. | | |
| PRODUCTS OFFERED | | SERVICES OFFERED |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |

|  |
| --- |
| Current / Previous Experience |
| Summarize your experience. Please provide the type and size of contracts that the organization has performed. It is important to note, if applicable, any contracts that are associated with the State of Arizona and all Agencies. |
|  |
|  |

|  |  |
| --- | --- |
| Agreement and Signature | |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that any false statements, omissions, or other misrepresentations made by me on this application may result in this application being denied. | |
|  | |
| Name (printed) |  |
| Signature |  |
| Title |  |
| Date |  |

Submitted by Jan Hart, Date

Executive Assistant, State Procurement Office

APPROVED BY THE COMMITTEE

Jean A. Clark, Chair Date

|  |
| --- |
| FOR STATE PROCUREMENT OFFICE USE ONLY |
|  |