

CERTIFIED NONPROFIT AGENCY PROPOSAL SUBMISSION FORM INSTRUCTIONS
(INCLUDES ARIZONA CORRECTIONAL INDUSTRIES AND ARIZONA INDUSTRIES FOR THE BLIND)

- Tab through fields to complete form. Submit the form 30 days in advance of the next State Set-Aside quarterly meeting.
- A product that comes in various sizes and colors can be listed on the same form; however if it is a different item, complete and submit a separate form.

Request Date	Required – Date Proposal is being submitted to State Set-Aside Committee
Certified Nonprofit Agency	Required – Your Certified Non Profit Agency Name
Point of Contact	Required – Point of Contact for this project at your Non Profit Agency and Contact Information
Project Name	Required – Can be the same as the product or service name.
Product or Service Name	Required – Descriptive name of product or service for which you are requesting assignment. Fill out a separate sheet for each product that is different. For example, ‘Medicated Lip Balm’ is more descriptive than ‘Lip Balm.’
Description	Required – Detailed product or service description. Required – Describe the direct labor functions that will be performed by people who are disabled. The description of work enables the State Set-Aside Committee to evaluate a proposed product’s suitability for addition as a State Set-Aside Contract based on the requirement that 60% of the direct labor is to be performed by people with disabilities. Arizona Revised Statute 41-2636 Section A. The State Set-Aside Committee will not approve pass-through (labeling products then repacking) projects for State Set-Aside contract addition. The project must have ‘Value Added’ labor content meaning the labor of persons with disabilities must be applied to raw materials, components, goods purchased in bulk form resulting in a change in the composition or marketability of component materials, packaging operations, and/or the servicing tasks associated with a product. Pass-through products are not allowed; therefore, solely affixing a packaging label to a commodity does not qualify.
Materials readily available:	Required – Check whatever box applies. If you check the “No” box you must provide an explanation.
Capable of timely delivery:	Required – Check whatever box applies. If you check the “No” box you must provide an explanation.
Capable of meeting quality and price requirements:	Required – Check whatever box applies. If you check the “No” box you must provide an explanation.

Product Cost or Service Cost Form attached:	Required – Attach Product Cost Analysis or Service Cost Analysis form.
Documentation the product or service price is fair market pricing:	Required - In determining fair market price, provide the Set-Aside Committee with one or more of the following: (1) available information from reliable market sources; (2) a market survey; (3) previous contract prices; (4) the range of bids from the most recent solicitation, including a determination of (a) the median price of bids; (b) the average price of bids; and (c) any market conditions or specifications that have changed since the most recent solicitation.
Projected Sales:	Required – Provide expected annual sales.
Brand Name Partner:	If yes - If you are planning to work with a Brand Name Partner, please supply the company name. Indicate what the portion of the delivery of the product or service will be done by the Brand Name Partner.
Mandatory:	Required – Check whatever box applies.
Customer (Existing)	Required - Customers who have a current product requirement and will purchase. Remember to be specific. If none exists put n/a.
Have You Contacted the Customer?	Required - Check whichever box applies. If yes, provide contact name and information, and response to proposed product.
Customer (Proposed)	Identify those Procuring Activities which your organization will target to purchase the proposed product or service. <i>Remember to be specific. For example, there are many Procuring Activities under the umbrella of the State and not all will be appropriate for your proposed products or services.</i>
Benefit to State and/or Local government:	Required – Describe the benefits to State and/or Local government.
Samples or Literature:	Required - Check whichever box applies.
Other Information:	If Applicable – Please provide any other relevant information to the proposal.

ADOA Review:	
Is there a need for the Product or Service:	Required - Check whichever box applies and provide an explanation.
Impact on current state contracts:	Required – Please provide and explanation.
Agency capable of producing and delivering the product or service that will meet the reasonable requirements of state or local government:	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Explain:</i>
Mandatory:	Required - Check whichever box applies and provide an explanation.
Recommend for Approval:	Required - Check whichever box applies and provide an explanation.
Submit completed form to:	Arizona State Set-Aside Committee State of Arizona, Department of Administration, State Procurement Office ATTN: Betty Austin 100 N. 15 th Avenue, Suite 200 Phoenix, AZ 85007 Email: betty.austin@azdoa.gov Phone: 602-364-0102 Fax: 602-542-5508