

Bidder Information

Agency/Organization/Tribe/Tribal Organization Name: <i>This should be your Vendor Doing Business As (DBA) Name</i>		City:	
Address:		State:	
		ZIP:	
Mailing address (<i>if different than above</i>):			
City:		State:	ZIP:
Applicant is:			
<input type="checkbox"/> Governmental Entity		<input type="checkbox"/> Federally Recognized Tribe	
<input type="checkbox"/> Non-profit Organization		<input type="checkbox"/> Tribal Organization	
Primary Contact Name: <i>for general OCVA correspondence, as well as grant specific communications</i>	Program Contact Name: <i>if different than Primary Contact, for programmatic communication</i>	Fiscal Contact Name: <i>for grant budget and invoice communication</i>	
Primary Contact Title:	Program Contact's Title:	Fiscal Contact Title:	
Primary Contact's Phone:	Program Contact's Phone:	Fiscal Contact's Phone:	
Primary Contact's E-mail:	Program Contact's E-mail:	Fiscal Contact's E-mail:	
DocuSign <i>OCVA grants are sent for signature via DocuSign. Please provide <u>one</u> contact to sign the grant in DocuSign. If your organization has an internal routing process, download the grant from DocuSign to complete those steps.</i>			
DocuSign Name:		DocuSign Email:	
For Agencies, Organizations, and Tribal Organizations Only Does the location where services are primarily provided comply with ADA requirements for accessibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how will you accommodate people with disabilities who request services?			
Accounting Period: (Ex: Jan – Dec; Jul – Jun)		Did your agency expend \$750,000 in federal funds during your past fiscal year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Federally Negotiated Indirect Rate: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, include rate:			
If an applicant does not have the below information, please see the next page.			
Statewide Vendor Number (SWV):		Washington State UBI number:	

About Statewide Vendor Number (SWV):

This is required to receive payment from the state.

- See [Statewide Vendor/Payee Services | Office of Financial Management \(wa.gov\)](#)
 - Complete the Vendor/Payee Registration form
 - Complete Direct Deposit Authorization form
- This is a free service

About Washington State UBI Number:

A UBI number is a nine-digit number that registers you with several state agencies and allows you to do business in Washington State.

- See [Business Licensing and renewals FAQs | Washington Department of Revenue](#)

For competitive application processes, OCVA understands applicants may not have these numbers at the time of application. However, they will be required of any successful bidder.

OCVA encourages applicants to start these processes as soon as possible. These must be completed before a grant can be executed.

Eligibility

Complete all fields.

1. Does your Tribe/organization/agency have a demonstrated a history of effective person-centered support, assistance and outreach to victims/survivors of labor and/or sex trafficking and/or individuals at-risk of labor and/or sex trafficking?

Yes No If yes, please describe.

2. For non-Tribal bidders: Does your organization/agency have a demonstrated history of effective engagement and working with indigenous individuals, communities and Tribes?

Yes No If yes, please describe.

3. Is your Tribe/organization/agency operated by a nonprofit organization, public agency or federally recognized Tribe of Washington State as determined by the United States Secretary of the Interior?

Yes No If yes, please describe.

4. For non-Tribal bidders: Is your organization/agency licensed to do business in the State of Washington? If not, a statement of commitment to become licensed in Washington within thirty (30) calendar days of being selected as the Apparently Successful Bidder is required.

Yes No If no, a statement of commitment is required.

5. Please indicate the geographic area to be served in this proposal.

- Eastern/Central Washington
 Western Washington

Please describe.

Contracting with Current or Former State Employees

Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Proposers should familiarize themselves with the requirements prior to submitting a proposal that includes current or former state employees.

Identify any state employees or former state employees employed or on the organization's governing board as of the proposal submission date. Include their position and responsibilities within the organization. Respond with N/A, if not applicable.

If following a review of this information, it is determined by OCVA that a conflict of interest exists, the Bidder may be disqualified from further consideration.

Tribal Authority to Submit a Proposal

Tribes must submit documentation reflective of their legal authority to submit a proposal for this RFP on behalf of their Tribes. Recognizing that Tribes have different forms of tribal governance and tribal laws vary, no prescribed form of documentation will be required. Tribes may submit a resolution, letter, affidavit, or other documentation, as appropriate for that Tribe, certifying that the bidder has the legal authority to submit a proposal for this RFP on behalf of the Tribe.

This documentation must be current, must be sufficient to demonstrate authority for the proposal, must contain authorized signature(s), and must be submitted with the proposal on the due date, September 30, 2022.

Subcontractor Information

Subcontractor Name:		
Address:		
City:	State:	ZIP:
Mailing address (<i>if different than above</i>):		
City:	State:	ZIP:
Organization Phone:	Organization Fax:	
Primary Contact Person - and Job Title:		
Primary Contact's Phone:	Primary Contact's E-mail:	
Does the location where the subcontractor will provide services comply with ADA requirements for accessibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, how will you accommodate people with disabilities that request services (<i>attach an additional sheet if needed</i>):		
Did this subcontractor expend \$750,000 in federal funds during the past fiscal year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Washington State UBI Number:		

Certifications and Assurances

I/we make the following certifications and assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract:

1. I/we declare that all answers and statements made in the proposal are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
3. The attached proposal is a firm offer for a period of 60 days following receipt, and it may be accepted by OCVA without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this proposal, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. If there are exceptions to these assurances, I/we have described them in full detail on a separate page attached to this document.
5. I/we understand that OCVA will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of OCVA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the Proposer and will not be knowingly disclosed by him/her prior to opening, directly or indirectly, to any other Proposer or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. I/we grant OCVA the right to contact references and others who may have pertinent information regarding the ability of the Proposer and the lead staff person to perform the activities contemplated by this RFA.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we are not debarred from doing business with the state of Washington or the United States.

We (*check one*):

- are submitting proposed Contract exceptions.
 are not submitting proposed Contract exceptions (*default if neither are checked*).

On behalf of the Proposer submitting this proposal, my signature below attests to the accuracy of the above statement as well as my authority to bind the submitting organization.

Signature of Proposer

Date

Printed Name

Title

DIVERSE BUSINESS INCLUSION PLAN

	Yes	No
Do you anticipate using, or is your organization, a State Certified Minority Business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate using, or is your organization, a State Certified Women's Business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate using, or is your organization, a State Certified Veteran Business?	<input type="checkbox"/>	<input type="checkbox"/>
Do you anticipate using, or is your organization, a Washington State Small Business?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered No to all of the questions above, please explain:

Please list the approximate percentage of work to be accomplished by each group:

- Minority __%
- Women __%
- Veteran __%
- Small Business __%

Please identify the person in your organization who will manage your Diverse Inclusion Plan responsibility:

Name: _____
Phone: _____
E-Mail: _____

