

**COMMITTEE FOR THE PURCHASE OF COMMODITIES AND
SERVICES FROM THE HANDICAPPED**

**QUALIFICATIONS FOR PARTICIPATION
PROCEDURES**

Any employment orientated nonprofit agency employing persons with disabilities desiring to participate in the West Virginia State Use Program must complete the following application process.

STEP 1. The employment orientated nonprofit agency must first become and acknowledged vendor of the West Virginia Division of Rehabilitation Services (DRS) to provide rehabilitation services for individuals with disabilities. You may contact DRS at the following address for guidance in becoming an acknowledged vendor:

WV Division of Rehabilitation Services
Community Rehabilitation Program Unit
P.O. 50890
State Capitol
Charleston, WV 25305-0890
(304) 766-4797

STEP 2. An applicant for the State Use Program must submit an application, **COMMITTEE FOR THE PURCHASE OF COMMODITIES AND SERVICES FROM THE HANDICAPPED APPLICATION FOR PARTICIPATION** (See attached), to the following address:

Director of Operations
West Virginia Association of Rehabilitation Facilities
PO Box 745
Institute, WV 25112

STEP 3. Upon receipt of the application, the West Virginia Association of Facilities, Inc. (WV ARF) will request from the WV Division of Rehabilitation (DRS) a letter of acknowledgement, stating that the applicant is an acknowledged vendor to provide rehabilitation services to people with disabilities through DRS.

STEP 4. DRS will submit to WV ARF a letter noting either approval, as evidenced by a Letter of Acknowledgement, or disapproval.

STEP 5. WV ARF will review the application and DRS letter, and make a recommendation of inclusion or exclusion to the state use program to the Committee for the Purchase of Commodities and Service from the Handicapped (Committee).

STEP 6. The Committee will either approve or disapprove the request for participation.

STEP 7. The Committee will send a letter to the applicant notifying them of their decision

STEP 8. All applicants approved for participation in the state use program will enter into an agreement with WV ARF, to be signed by the Chief Executive Officer of the applicant, Executive Director of WV ARF and the Chair of the Committee.

**COMMITTEE FOR THE PURCHASE OF COMMODITIES AND
SERVICES FROM THE HANDICAPPED**

APPLICATION FOR PARTICIPATION

This application is a request to become recognized as a qualified participant in the West Virginia State Use Program within the WV code, and the related rules established by Committee for the Purchase of Commodities and Services from the Handicapped (hereafter referred to as the Committee), and the terms and conditions as outlined in the program agreement. Applicants and qualified participants will be referred to as Community Rehabilitation Programs (CRP).

CRP Name _____

Street Address _____

Mailing Address, if other than above _____

Telephone number _____

Fax number _____

Email Address _____

Name and title of point of contact for State Use Program contracts

Please attach the following documents to this application

____ 1. A copy of the documentation establishing applying CRP as a nonprofit agency under Section 501 (c) 3 of the Internal Revenue Service, for the purpose of serving individuals with disabilities.

____ 2. A copy of the Articles of Incorporation for the applying CRP.

____ 3. A copy of the By-Laws of the corporation for the applying CRP.

- ____ 4. If commensurate wages are paid, attach a copy of the current US Department Labor Certificate authorizing wage payments pursuant to 29 U.S.C. § 214 (c).
- ____ 5. A list of the current Officers of the Corporation showing their names, address, and phone numbers.
- ____ 6. A copy of the letter from the WV Secretary of State's office documenting applicant's registration as a charitable organization.

By signing this application below, the above named organization agrees and certifies to the following terms and conditions pursuant to participation in the West Virginia State Use Program. We the undersigned on behalf of the above named corporation agree to:

1. Recognize the Central Nonprofit Agency (CNA), (West Virginia Association of Rehabilitation Facilities, Inc. (WV ARF)) has the responsibility to represent qualified Community Rehabilitation Programs in dealing with state purchasing agents and other bodies charged with purchasing responsibilities.
2. Maintain an ongoing placement program, which includes at least pre-admission evaluation and annual review to determine each worker's capability for normal competitive employment, and maintains a liaison with appropriate community services for the placement in such employment of any of its workers qualifying for placement.
3. Furnish commodities and/or services in strict compliance with contract specifications.
4. Make appropriate records available for inspection by the Committee or CNA at any reasonable time.
5. Maintain records of direct labor hours performed, and hours worked, by each worker and report on the approved quarterly report.
6. Comply with the applicable occupational health and safety standards prescribed by the US Department of Labor and the State of West Virginia.
7. Maintain a file on each worker with a disability which includes reports of pre-admission evaluation, and annual reevaluation of the individual's capacity for normal competitive employment, prepared by a person or persons qualified by training and experience to evaluate the work potential, interest, aptitudes and abilities of person with disabilities.
8. Make full disclosure to the CNA of all facts related to the costs, overhead, or profits in the production of a commodity or the provision of a service.

9. Maintain an average of 75% disabled employees on the sum of all State Use contracts. If this condition cannot be maintained, a plan must be submitted to the Committee for their approval, which will establish or reestablish this 75% level of utilization.
10. Enter into a formal agreement with the CNA as evidenced by submitting a signed copy of the State Use Program Agreement.

The Committee may revoke the rights of any CRP to participate if, at any time, the Committee determines the CRP is not in compliance with all of the requirements in Legislative Rule Title 186 3.1.2.

Name of Chief Executive Officer

Title of Executive Officer

Signature of Chief Executive Officer

Date of Signature

Name of Chair/President of the Board of Directors

Title of Chair/President of the Board of Directors

Signature of Chair/President of the Board of Directors

Date of Signature
