

# Contracting Qualification Form

Responding to (RFR) #: \_\_\_\_\_ Issued by EOHHS Agency: \_\_\_\_\_

## I. Information for Primary Organization:

**Primary Organization Name:** \_\_\_\_\_ **FEIN #:** \_\_\_\_\_

\_\_\_\_ Check here, if the primary organization is a "non-contracting parent" entity and attach the Supplement (Page 2) for the child/affiliate organization information.

**Organization Type** (check one):  Non Profit  For Profit  Governmental Entity (Go to Sec II, #3 below)

<b>Organization's Corporate Address:</b>			<b>Chief Executive Officer:</b>		
Number/Street	City	State	Zip	First Name	Last Name

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<b>Contact Person:</b> First Name	Last Name	Title	Telephone #	E-mail Address
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## II. Submission Materials - Covering the primary organization and all affiliated entities as required by instructions (link opens to instructions, [PDF](#) or [RTF](#)):

1. **Financial/Audit Information:** Required for all commonly controlled, affiliated or related entities. See the instructions for details. Fiscal Year End: \_\_\_\_\_

**Submission Type** (Choose those that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Compilation Report             | <input type="checkbox"/> IRS Form 990 - Return of Organization Exempt from Income Tax                 |
| <input type="checkbox"/> Review Report                  | <input type="checkbox"/> Letter/Line of Credit in Name of Organization                                |
| <input type="checkbox"/> Audit Report                   | <input type="checkbox"/> Form PC - Mass. Office of the Attorney General, Division of Public Charities |
| <input type="checkbox"/> Uniform Financial Report (UFR) |   |
| <input type="checkbox"/> Corrective Action Plan (CAP)   |   |

2. **Additional Submission Requirements** (All items must be provided, except as noted in item 3 below):

- |  |  |
|--|--|
| <input type="checkbox"/> a) Federal Employer ID # (FEIN) Documentation / W-9             | <input type="checkbox"/> d) Board/Principals Information |
| <input type="checkbox"/> b) Terms & Conditions for Human and Social Services Contracting | <input type="checkbox"/> e) Organizational Chart         |
| <input type="checkbox"/> c) Articles of Organization/Corporate Bylaws                    |  |

3. **Exemption:** If the submission is for a *Governmental Entity*, please check here \_\_\_\_\_. Only items 2a and 2b must be provided.

## III. Related Party Disclosure Certification

The signatory below represents that all required related party disclosures have been made in a complete and accurate manner and that all pricing and procurement requirements pertaining to related party relationships have been fulfilled in compliance with 808 CMR 1.00 and the supplemental guidance material promulgated by the Operational Services Division of the Commonwealth. **If applicable, please attach a separate document describing any current related party transactions.**

## IV. Federal Disclosure, Tax and Other Compliance Certification

Under the penalties of perjury, the signatory below certifies that neither the organization nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation by any Federal or state department or agency that the organization complies with the laws and regulations relating to State and Federal Taxes and with all other requirements of the Terms and Conditions for Human and Social Services contracting and that all qualification submission information and attachments are true and complete to the best of my knowledge and signatory's knowledge and belief. The certification line below must be signed and dated by the authorized signatory for each organization covered by this submission. The signatory for the Primary Organization should sign below on this page. The signatory for each additional organization should sign on the supplemental page(s) covering information for child/affiliate organizations.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR PPA INTERNAL USE:

Qualification Status: \_\_\_\_\_ Early Termination Date if Conditional or Provisional: \_\_\_\_\_

Audit Opinion: \_\_\_\_\_ Findings: \_\_\_\_\_

Comments: \_\_\_\_\_

PPA Approval: \_\_\_\_\_ Date: \_\_\_\_\_

# Supplement to Contracting Qualification Form

(Complete this section for each affiliated organization. This page may be copied as required.)

Primary Organization Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Child/Affiliate Organization Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Organization Type (check one):  Non Profit  For Profit  Governmental Entity

Organization's Corporate Address:

Number/Street

City

State

Zip

First Name

Last Name

Chief Executive Officer:

Contact Person: First Name Last Name Title Telephone # E-mail Address

## Related Party Disclosure Certification

The signatory below represents that all required related party disclosures have been made in a complete and accurate manner and that all pricing and procurement requirements pertaining to related party relationships have been fulfilled in compliance with 808 CMR 1.00 and the supplemental guidance material promulgated by the Operational Services Division of the Commonwealth. **If applicable, please attach a separate document describing any current related party transactions.**

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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Child/Affiliate Organization Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Organization Type (check one):  Non Profit  For Profit  Governmental Entity

Organization's Corporate Address:

Number/Street

City

State

Zip

First Name

Last Name

Chief Executive Officer:

Contact Person: First Name Last Name Title Telephone # E-mail Address

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