Attachment 1 – Applicant Intake Form

Every box must be filled out, if applicable.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. IDENTIFYING INFORMATION** (If using a fiscal agent to apply provide their information in addition) | | | | | | | |
| 1. Applicant Legal Name: | | | | |  | | |
| 1. DBA or Facility Name: | | | | |  | | |
| 1. WA Uniform Business Identifier (UBI) Number: | | | | |  | | |
| 1. Taxpayer Identification Number (TIN): | | | | |  | | |
| E) Are you a woman, minority or veteran owned business or a small business? If yes, please provide certification number: Yes  No | | | | | |  | |
| F) \*If the Applicant does not have a UBI number, the Applicant must confirm that it will become licensed in Washington within 30 calendar days of being selected as the Apparent Successful Applicant. By signing below, the Applicant indicates their agreement to Section 1, Identifying Information, Subsection E of this form. | | | | | | | |
| Authorized Signature | | | Name / Title | | | | Date |
|  | | |  | | | |  |
| **2. APPLICANT ADDRESS** | | | | | | | |
| 1. Number, Street, Apartment, Suite: | |  | | | | | |
| 1. City, State, Zip Code + $: | |  | | | | | |
| 1. Email Address: | |  | | | | | |
| 1. Phone Number: | |  | | | | | |
| **3. APPLICANT PRIMARY CONTACT** | | | | | | | |
| 1. Full Name: | |  | | | | | |
| 1. Job Title: | |  | | | | | |
| 1. Email Address: | |  | | | | | |
| 1. Phone Number: | |  | | | | | |
| Authorized to Sign Contracts? | Yes | | | No. If “No” is selected, Section Four (4) is REQUIRED. | | | |
| **4. APPLICANT SIGNATORY** | | | | | | | |
| 1. Full Name: | |  | | | | | |
| 1. Job Title: | |  | | | | | |
| 1. Email Address: | |  | | | | | |
| 1. Phone Number: | |  | | | | | |
| **5. CONTRACT CONTACT (If different than Applicant Primary Contact)** | | | | | | | |
| 1. Full Name: | |  | | | | | |
| 1. Job Title: | |  | | | | | |
| 1. Email Address: | |  | | | | | |
| 1. Phone Number: | |  | | | | | |

Attachment 2 – Minimum Qualifications

Applicant must attest that they meet all of the following requirements by following instructions below and including with Application packet.

The following are the minimum qualifications for Applicants. Applicants must be able to answer **“YES”** to **ALL** of the following qualifications listed below to pass and to move forward to the Application evaluation process.

Check or click in the box if your organization qualifies.

### Licensed to do business in the state of Washington or provide a commitment that it will become licensed in Washington State within 30 calendar days of being selected as an Apparent Successful Applicant.

**YES**

1. A Tribal government or Urban Indian Organization, public or private Community-Based Organization, or government agency (e.g., school districts, law enforcement agencies, city/county, and/or Educational Service District, behavioral health organizations, youth and family serving organizations, and primary care organizations) within the state of Washington.

**YES**

1. Experience managing or providing at least one (1) program with the purpose of addressing the prevention of substance use disorder (SUD) for a minimum of two (2) years.

**YES**

|  |  |
| --- | --- |
| Applicant Name: |  |
|  | PRINT FULL LEGAL ENTITY NAME OF APPLICANT |
| Signed By: |  |
|  | SIGNATURE OF AUTHORIZED REPRESENTATIVE |
| Title: |  |
|  | TITLE OF AUTHORIZED REPRESENTATIVE SIGNING |
| Date: |  |

Attachment 3– Executive Order 18-03

**Workers’ Rights - Contractor Certification**

*Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Health Care Authority is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.*

**Solicitation Title: Community-Based Organization Substance Use Disorder (SUD Px) and Mental Health Promotion Project (MHPP) Enhancement Grants**

**RFA #: 2023HCA8**

I hereby certify, on behalf of the firm identified below, as follows (check one):

**No Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for Employees**. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

or

**Mandatory Individual Arbitration Clauses and Class or Collective Action Waivers for Employees**. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF FIRM REPRESENTED – PRINT FULL LEGAL ENTITY NAME OF FIRM: | | | |
|  | | | |
| AUTHORIZED REPRESENTATIVE SIGNATURE: | | AUTHORIZED REPRESENTATIVE TITLE: | |
|  | |  | |
| AUTHORIZED REPRESENTATIVE PRINTED NAME: | CITY AND STATE WHERE SIGNED | | DATE SIGNED |
|  |  | |  |

Attachment 4 – Certifications and Assurances

I/we make the following certifications and assurances as a required element of the Application 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 Application are true and correct.
2. The Applicant’s authorized representative, by their signature below certifies to the best of their knowledge and belief, that the Applicant and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;  
(b) Have not within a three-year period preceding this Application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;  
(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b); and  
(d) Have not within a three-year period preceding this Application had one or more public transactions (Federal, State or local) terminated for cause or default.

1. If the Applicant’s authorized representative is unable to certify to any of the statements in 2.a-d., they have included an explanation with the Application.
2. I/we understand that HCA will not reimburse me/us for any costs incurred in the preparation of this Application. All Applications become the property of HCA, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this Application.
3. I/we agree that submission of the attached Application constitutes acceptance of the solicitation contents.
4. No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not to submit an Application for the purpose of restricting competition.
5. 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.

**On behalf of the Applicant submitting this Application, my name below attests to the accuracy of the above statements.**

|  |  |
| --- | --- |
|  | |
| SIGNATURE OF APPLICANT AUTHORIZED REPRESENTATIVE | |
|  | |
| TITLE | DATE |