

OREGON COMMISSION FOR THE BLIND
Request for Application (RFA)
for
Adaptive Rehabilitation Skills Evaluation & Training and
Work Evaluation, Training, & Development

RFA #585-1018-11

Issuance Date: July 1, 2011

Applications Accepted: At the issuing office, applications will be accepted through June 30, 2013.

Issuing Office: Oregon Commission for the Blind
535 SE 12th Ave
Portland, OR 97214

Contact: Juanita Cook at 971-673-1588
Fax: 971-673-1570

Any new or existing vendor who wishes to provide services contained in this RFA as of October 1, 2011, must be approved and have a signed contract with the Oregon Commission for the Blind (OCB). Services provided to OCB clients on or after October 1, 2011 will not be authorized without a contract entered into pursuant to this RFA.

The services provided in this RFA are services which are provided one-to-one with a client. The services are home-based provided at least partially in the client's home or the services are focused on community integration allowing the client to work or become more independent in the community.

In compliance with the American with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio tape, and electronic format. To request an alternate format call the Oregon Commission for the Blind at (971)673-1588.

**Request for Application (RFA) for
Adaptive Rehabilitation Skills Evaluation & Training
and
Work Evaluation, Training, & Development**

RFA #585-1018-11

SECTION I: General Information

SECTION II: Application Instructions and Contract Requirements

SECTION III: Application (Form 120)

SECTION IV: Services Provided and Vendor Qualifications

Attachment A: Independent Living Skills Evaluation & Training

Attachment B: Orientation & Mobility Skills Evaluation & Training

Attachment C: Adaptive Communication Skills Evaluation & Training (Braille, sign language training, note taking, etc.)

Attachment D: Computer Technology Skills Evaluation & Training or Software/Hardware Support

Attachment E: Career Exploration

Attachment F: Work Evaluation and Training (job coaching, etc.)

Attachment G: Job Development or Small Business Development Consultation

SECTION V: Criminal Records Check (Form 121)

SECTION VI: Independent Contractor Certification (Exhibit C)

SECTION VII: Consent to Subcontract (Form 122)

Sections III, IV, V, and VI are required to be submitted for consideration of the application. In Section IV, only submit the Attachment(s) which are applicable to the services that you are qualified and interested in providing.

More than one of these attachments may be completed and submitted. Before filling out the Application (Form 120), be sure that you meet the minimum qualifications identified in Section IV for the services that you are marking. Section VII only needs to be filled out if you are planning to use a subcontractor in providing services to the Oregon Commission for the Blind.

To be approved, all applicants for this RFA must meet the requirements of Exhibit C (independent contractor status).

SECTION I: GENERAL INFORMATION

Introduction

The Oregon Commission for the Blind is a state agency which provides vocational rehabilitation and independent living services statewide to eligible individuals who are legally blind or visually impaired. The OCB mission is to assist blind Oregonians in making informed choices and decisions to achieve full inclusion and integration in society through employment, independent living, and social self-sufficiency.

Purpose

The purpose of providing the adaptive rehabilitation skills evaluation and training services and the work evaluation, training and development services described in this RFA is to provide individualized services to eligible clients of the OCB who are legally blind or visually impaired, some of whom may have additional multiple disabilities. OCB serves clients age 16 to adult, with no upper age limitation.

The services under this RFA would be provided one-to-one with a client. These services are home-based which means they are provided at least partially in the client's home, or the services are focused on community integration which allows the person to work or become more independent in the community.

Clients served by OCB would be referred from one of 3 possible programs:

1. Vocational Rehabilitation Program (VR): The primary focus of this program is to prepare clients to obtain or maintain employment. All services provided must relate to the individual's employment goal. This program serves adults of any age and youth as young as age 16 who are legally blind or who have a progressive eye condition that will likely lead to legal blindness.
2. Independent Living Older Blind Program (ILOB): The primary focus of this program is to prepare clients to become more independent in their homes and communities. This program serves individuals who are age 55 or older who are legally blind or visually impaired.
3. Independent Living - Part B Program (IL Part B): The primary focus of this program is to prepare clients to become more independent in

their homes and community. This program serves clients age 18 and above who are legally blind.

Outcomes

Program services under this RFA must be designed to produce positive, measurable outcomes in keeping with OCB's mission of assisting blind Oregonians in making informed choices and decisions to achieve full inclusion and integration in society through employment, independent living, and social self-sufficiency.

SECTION II: APPLICATION INSTRUCTIONS AND CONTRACT REQUIREMENTS

General Information

The guidelines and specifications contained in this RFA will be incorporated into any contract awarded for home-based or community integration Independent Living Skills Evaluation and Training, Orientation and Mobility Skills Evaluation and Training, Adaptive Communication Skills Evaluation and Training, Computer Technology Skills Evaluation and Training or Software/Hardware Support, Career Exploration, Work Evaluation and Training, and Job Development or Small Business Development Consultation. Read it carefully and thoroughly.

Submit all required information for each category of services you are applying to provide. The answers you provide will be used to match clients with contractors who best meet the identified needs of the client. Please read all information carefully before submitting your application. Incomplete applications will not be processed. OCB will notify you if your application is incomplete. If you have any questions, please contact Juanita Cook at (971) 673-1588.

Application Requirements

All providers applying to provide the rehabilitation services described in this RFA must complete this application. Applications will be available when solicitations are open starting on July 1, 2011. You can obtain a copy of this RFA by contacting the OCB at the address listed at the end of this section, posted on the OCB website at www.oregon.gov/Blind, or through the state ORPIN (Oregon Procurement Information Network) system at <http://orpin.oregon.gov/>. Once a complete application has been received in the Portland OCB Office, approximately 45 days will be required to process an application and notify the applicant whether the application has been approved.

If you choose to access the RFA through ORPIN, you will need to register on ORPIN. A registration guide for ORPIN is available at: www.oregon.gov/DAS/SSD/SPO/docs/orpin/Supplier_Reg_Guide.pdf.

The advantage of registering through ORPIN is that you should automatically receive updates if there are changes to the current RFA.

1. Application Evaluation

All applications will be evaluated by OCB using the following criteria. Applications passing the following required items will be approved for a contract:

Minimum Requirements in Evaluating RFA Application		
Section Reference	Criteria	Evaluation
1) III	Application (Form 120) has been fully completed, signed, and dated.	Pass/Fail
2) IV	Attachment(s) in Section IV have been completed for services applicant is applying to provide.	Pass/Fail
3) III & IV	If applicant possesses professional certification(s), copy of certification(s) has been included.	Pass/Fail/NA
4) II & III	Applicant has submitted official proof of required liability coverage at minimum levels designated in Section II.	Pass/Fail
5) II & III	Applicant has submitted official proof of required automobile insurance (if planning to transport clients) at minimum levels designated in Section II.	Pass/Fail/NA
6) V	Fair Credit Reporting Act (FCRA) Disclosure and Authorization has been completed for each person applying to provide services to OCB clients and is included in the RFA packet.	Pass/Fail
7) VI	Independent Contractor Certification (Exhibit C) has been completed, signed, and dated and applicant meets the criteria to be an Independent Contractor.	Pass/Fail
8) VII	Consent to Subcontract (Form 122) has been completed and submitted when applicable	Pass/Fail/NA
9) IV	Applicant meets at least one requirement of employment, certification, or experience outlined in each service attachment submitted.	Pass/Fail
10) V	OCB has submitted the FCRA Disclosure and Authorization for processing and has found the applicant fit to provide services to OCB clients.	Pass/Fail
11) IV	If applicant does not possess the minimum work experience or certifications, applicant has passed an assessment by OCB demonstrating skills to perform desired services.	Pass/Fail/NA

2. Contract Process

Applicants must successfully meet all requirements stated in the RFA to contract with OCB. The OCB reserves the right to award a contract based solely upon information submitted. The OCB may also request additional information to clarify or answer questions OCB may have in conjunction with the written responses to this request. OCB may negotiate fees if applicant's fees do not appear to be competitive with other vendors providing the same service in the same geographical area.

All services must be provided in accordance with the specifications and requirements of an awarded contract between the Contractor and OCB. A copy of the specifications and requirements may be obtained by contacting the issuing office identified above. Applicant must agree to abide by the guidelines set forth in this application.

The first contract for approved contractors will be developed for a 2 or 3 year duration in order to assist OCB in developing a staggered schedule for contract renewals. The last number of the contractor's Tax ID or Social Security Number if the contractor does not have a separate Tax ID will be used in determining the duration of the first contract. Approved contractors would have a 2 year contract developed if the last digit of their Tax ID or Social Security Number ends in numbers 0 through 4. Approved contractors would have a 3 year contract developed if the last digit of their Tax ID or Social Security Number ends in numbers 5 through 9. Duration of most subsequent renewed contracts will be 2 years.

OCB reserves the right to enter into a new contract or amend any contract resulting from this application one or more times for changes in terms, conditions, time, money, services, or any combination of the foregoing. The OCB has no obligation to amend or extend the contract and will incur no liability for electing not to exercise its option.

3. Referrals

OCB will refer a client to a specific contractor for services by using a written authorization for service. OCB will refer a client to a contractor after consulting with the client and considering the qualifications and availability of providers as a part of client informed choice, as provided in The Rehabilitation Act of 1973, as amended, section 102 (b)(2)(B). Your responses to the questions in this Request will be part of any contract

awarded and entered into OCB's Automated Case Management System, which allows OCB staff to match the needs of clients with contractors who can best meet the needs of the client. Information that you provide regarding your qualifications, experience, and rates of service may be shared with clients.

The OCB cannot predict a case load for these services and does not represent that any particular volume of business will be offered to any applicant who qualifies to provide services, nor is there any guarantee that OCB staff will use the services of any applicant who is issued a contract by virtue of this RFA.

OCB reserves the right to close applications for any service listed if contracting capacity is obtained.

4. Services and Rates

Contracted services are used to purchase needed services for clients of the OCB ONLY when existing OCB staff are unable to provide these services directly due to work load and time constraints. Contracted services require the prior written authorization from OCB staff responsible for the client's case plan or written authorization from the appropriate OCB Program Director for the referring program, in terms of types, amounts and duration of services to be provided. OCB will not reimburse for services outside the scope of the contract and authorization and will not reimburse the Contractor for services for which Contractor has not received prior written authorization from the OCB.

The OCB will pay the Contractor for the services listed in the contract at rates that do not exceed those rates described in the contract. A Contractor may submit an invoice to OCB for services only when the Contractor received a prior written authorization to perform such services, not to exceed the authorized dollar amount. OCB shall pay Contractor upon OCB's approval of Contractor's invoice submitted to OCB for completed Services, but only after OCB has determined that Contractor has completed, and OCB has accepted the completed Services in accordance with Sections II 4. "Services and Rates," II.5. "Reporting and Documentation," and II.8. "Other Contractor Responsibilities".

5. Reporting and Documentation

Contractors must provide the client's case manager with a written evaluation if an evaluation was authorized or monthly progress reports starting no later than forty-five (45) days after authorized services begin with the referred client.

As part of the monthly progress report, Contractors are required to submit a monthly written narrative which describes:

- (a) services provided by contractor;
- (b) progress or lack of progress client has made toward achieving service and plan goals;
- (c) issues or concerns;
- (d) future services planned and needed; and
- (e) client attendance for each monthly report period.

OCB may require Contractors to do other additional documents such as pre- and post-assessment forms provided by the OCB and Intake and Closure information for IL clients when applicable. OCB must receive all required reports before OCB provides payment for the services provided.

Contractors shall submit invoices on a monthly basis together with required monthly progress reports that, together, describe the services provided and the cost for each service. Monthly reports and invoices are due by the 15th of the following month. The final report and invoice must be submitted no later than 31 days from service completion identified as the ending date on the final authorization.

6. Consultation

There may be occasions when the contractor's presence is needed at a planning meeting or phone conference. This will be scheduled if needed by the OCB case manager and is considered a part of authorized services.

7. Interpreter Services

If interpretation or translation is needed to provide services, the contractor must notify the client's case manager so that these services may be referred and authorized.

8. Other Contractor Responsibilities

Contractors may be expected to meet with OCB regarding the terms of their contracts or to clarify services to be provided under the authorization. Contractors may also be expected to participate in Quality Assurance Surveys and monitoring activities that the OCB may require. These contractor responsibilities are considered part of doing business; therefore, the time the Contractor spends on these responsibilities will not be paid by the OCB.

If, during the course of a contract, any employee or agent of the Contractor who is authorized to provide services ceases employment with that contractor, the Contractor must notify OCB so that the person's name may be removed from the list of approved providers. Additionally, if the Contractor hires any person to provide services under the contract, the new person must be approved prior to having contact with or providing services to any OCB client. Under no condition may any person who has not been pre-approved by OCB provide any services identified in this application to OCB clients as a contractor or sub-contractor, or as an employee, or agent thereof. Pre-approval includes a criminal records check.

9. Location of Services to be Provided

Services identified in this RFA are to be provided throughout the State of Oregon. The OCB tends to have the greatest need in areas where resources are more limited and in areas where there may be no public transportation options available where the client lives. Applicants must mark on the application form in Section III the geographical areas for which they are submitting an application. It is the responsibility of the applicant to arrange and provide for the applicant's own transportation in providing services to OCB clients. Depending upon the services provided, it may be necessary to work with the client in the client's home or at another location agreed to by the applicant and client.

10. Insurance Requirements

In order to be fully approved as a contractor through this RFP process, a successful applicant must show evidence (certificate of insurance or official statement) of the following minimum levels of liability coverage before entering into a contract with OCB. The levels of insurance required are listed by the type of service provided. If a successful applicant is providing more than one category of service, and if there

is a difference in the level of coverage between the services, the applicant must provide proof of insurance coverage at the single highest minimum amount displayed below for the services that the applicant has applied to provide. Commercial General liability insurance is only required for a select service due to the need to work with equipment.

1) Workers' Compensation insurance required by OCB of Contractors with one or more workers, as defined by ORS 656.027:

Workers' Compensation: All employers, including Contractor, that employ subject workers, as defined in ORS 656.027, shall comply with ORS 656.017 and shall provide workers' compensation insurance coverage for those workers, unless they meet the requirement for an exemption under ORS 656.126(2). Contractor shall require and ensure that each of its subcontractors complies with these requirements.

2) Required by Agency of contractors providing the following specific services:

Independent Living Skills Evaluation & Training:

Type: Professional Liability Minimum Amount: \$500,000

Orientation & Mobility Skills Evaluation & Training:

Type: Professional Liability Minimum Amount: \$1,000,000

Adaptive Communication Skills Evaluation & Training:

Type: Professional Liability Minimum Amount: \$500,000

Computer Technology Skills Evaluation & Training:

Type: Professional Liability Minimum Amount: \$500,000

Software/Hardware Support:

Type: Professional Liability Minimum Amount: \$500,000 and

Type: Commercial General Liability Minimum Amount: \$500,000

Career Exploration:

Type: Professional Liability Minimum Amount: \$500,000

Work Evaluation and Training:

Type: Professional Liability Minimum Amount: \$500,000

Job Development or Small Business Development Consultation:

Type: Professional Liability Minimum Amount: \$1,000,000

3) Automobile Insurance required by the agency when transporting clients:

If the Applicant is planning to transport clients as a part of services provided under this RFA, the Applicant must provide proof of insurance for all of Applicant's owned, hired, or non-owned vehicles:

Type: Bodily Injury/Death Minimum Amount: \$250,000
(combined single limit per occurrence)

Type: Bodily Injury/Death Minimum Amount: \$500,000
(aggregate limits for all claims per occurrence)

Type: Property Damage Minimum Amount: \$50,000
(combined single limit per occurrence)

Type: Property Damage Minimum Amount: \$100,000
(aggregate limits for all claims per occurrence)

No contractor may transport clients without the consent of the case manager authorizing services.

4) Contractors will have adequate insurance coverage as required by the OCB and shall maintain this coverage throughout the contract period:

Applicant will provide all required proof of insurance to the OCB within sixty (60) business days of notification of proposed award. Failure to present the required documents within sixty (60) business days may be grounds for rejection of the application.

If the applicant's insurance covers the applicant's employees of the company, the applicant must provide a statement listing the names of all employees covered under the policy.

11. Confidentiality

Confidentiality – Contractors shall hold client communications and records confidential in accordance with ORS 40.230, ORS 40.252, ORS 107.154 and ORS 179.505, except as required to perform its obligations pursuant to its Contract with OCB.

12. Application Submittal

All applications must include the following to be qualified and considered for evaluation:

Section III—Required: completed and submitted by all applicants

Section IV—Required: completed and submitted by all applicants. Only the attachments applicable to the service(s) you are applying to provide need to be completed and submitted with your application.

Section V—Required: completed and submitted by all applicants

Section VI—Required: completed and submitted by all applicants

Section VII—Required: only if subcontracting to provide services to OCB clients.

Complete and submit a signed hard copy of all the information required above. Also include an electronic copy (CD or email) of Sections III and IV. Signatures are required on the hard copy but not on the electronic copy. An application is not complete until OCB receives both the hard copy and electronic copy of the application.

Ensure that all required documentation is submitted with your application. Applications are to be mailed to the following address:

**Oregon Commission for the Blind
Attention: RFA Processing
535 SE 12th Ave
Portland, OR 97214**

Please be sure to add “Attention: RFA Processing” in the address so that the application can be properly routed.

Electronic copies must be put on CD and mailed to the address above or emailed to ocb.mail@state.or.us. Subject line for the email should read "RFA Processing."

The OCB will not consider verbal or telephone proposals.

SECTION III: APPLICATION (FORM 120)

STATE OF OREGON OREGON COMMISSION FOR THE BLIND Adaptive Rehabilitation Skills Evaluation & Training and Work Evaluation, Training, & Development Application

The State of Oregon, acting by and through the Oregon Commission for the Blind ("OCB" or "Agency"), issues this Application for Home-Based or Community Integration Adaptive Rehabilitation Skills Evaluation and Training and Work Evaluation, Training, and Development services.

Type answers to questions below. Refer to the respective question number on all additional pages used for your application. Check your application carefully to make sure you have submitted all required information.

Incomplete applications will not be processed.

1. Applicant's Name (if applying as a business, use registered business name or full legal name if you don't have a separate business name):

2. Primary Contact Person

Name:

Title:

3. Mailing Address

Street or PO Box:

City, State, Zip:

4. Telephone #:

Fax #:

5. E-mail Address:

6. Federal Tax Identification Number:

7. Name and title of the person(s) authorized to represent the Applicant in any negotiations and sign any Contract that may result:

Name:

Title:

8. Service and Rates

Please provide below the rate for providing the services described in this RFA for which you are applying. The rates charged to the Agency for services to OCB clients must not exceed the Applicant's normal and customary rates for comparable services to the public.

Only the services for which you provide rates, as indicated below, will be included in any contract issued under this RFA. Please check the corresponding attachment(s) to verify that you meet the minimum qualifications to provide these services. You may add additional rates for each service as needed.

a)___ Independent Living Skills Evaluation & Training with written reports

Unit Cost: per:

Complete Section IV, Attachment A

b)___ Orientation & Mobility Skills Evaluation & Training with written reports

Unit Cost: per:

Complete Section IV, Attachment B

c)___ Adaptive Communication Skills Evaluation & Training with written reports

Unit Cost: per:

Complete Section IV, Attachment C

d) __Computer Technology Skills Evaluation & Training with written reports

Unit Cost: per:

Complete Section IV, Attachment D

e) __Software/Hardware Support with written reports

Unit Cost: per:

Complete Section IV, Attachment D

f) __Career Exploration with written reports

Unit Cost: per:

Complete Section IV, Attachment E

g) __Work Evaluation and Training with written reports

Unit Cost: per:

Complete Section IV, Attachment F

h) __Job Development with written reports

Unit Cost: per:

Complete Section IV, Attachment G

i) __Small Business Development Consultation with written reports

Unit Cost: per:

Complete Section IV, Attachment G

9. Service Locations

Indicate the Counties where services will be provided by checking to the left of the county listed below. If you will provide services in all counties in an area, check the “All” option:

Tri-County Region

- ☐ Clackamas
- ☐ Multnomah
- ☐ Washington
- ☐ All in this region

Northern Region

- ☐ Benton
- ☐ Clatsop
- ☐ Columbia
- ☐ Lincoln
- ☐ Linn
- ☐ Marion
- ☐ Polk
- ☐ Tillamook
- ☐ Yamhill
- ☐ All in this region

Southern Region

- ☐ Coos
- ☐ Curry
- ☐ Douglas
- ☐ Jackson
- ☐ Josephine
- ☐ Klamath
- ☐ Lane
- ☐ All in this region

Central/Eastern Region

- ☐ Baker
- ☐ Crook
- ☐ Deschutes
- ☐ Gilliam

- ☐ Grant
- ☐ Harney
- ☐ Hood River
- ☐ Jefferson
- ☐ Lake
- ☐ Malheur
- ☐ Morrow
- ☐ Sherman
- ☐ Umatilla
- ☐ Union
- ☐ Wallowa
- ☐ Wasco
- ☐ Wheeler
- ☐ All in this region

Comments:

Please answer the following questions as part of your application. If you have staff who will be providing direct services to OCB clients, you must provide the following information for each staff person providing these services:

10. **Education**

Identify your highest level of education:

Name and location of the educational institution:

11. If you have previous employment experience related to the services for which you are applying as indicated in Question 8 above, list the name of the Employer, your job title, and start and end dates of employment:

Employer:

Job Title:

Start Date:

End Date:

Employer:

Job Title:

Start Date:

End Date:

12. List any active professional licenses or certifications that you have obtained:

Attach a copy of the license or certification to your application.

13. If you do not have previous employment or active certifications specified under minimum qualifications of Section IV for the attachment specific to the service(s) for which you are applying, describe any specialized training that you have received including the name and location of the training organization and training dates.

14. Describe any related experience (paid or unpaid) which qualifies you to provide the service(s) marked in Question 8 above and indicate to which service your experience applies. Describe whether this experience involved working with people who are blind and included working with people who have other disabilities.

15. Provide the name(s) and contact information of at least 2 people for OCB to contact as your references who have supervised your work or training or to whom you have provided services who can speak to your experience and skill at providing the services marked in Question 8.

Name:

Phone:

Email:

Relationship to applicant:

Name:

Phone:

Email:

Relationship to applicant:

16. If you are proficient in languages other than English, indicate the language and your level of proficiency using the following scale:
1=novice 2=intermediate 3=proficient

Level of Proficiency

Language	Speaking	Writing	Understanding	Interpreting
1.				
2.				
3.				
4.				

17. Liability Coverage: If you do not yet have liability coverage and choose not to purchase this coverage until you know that your application will be approved pending proof of liability insurance coverage, the OCB will notify you when your application is tentatively approved. You must obtain and provide evidence of the required liability coverage within 60 days of RFA tentative approval notification before a contract will be written. Check one of the following:

__ I have active liability coverage:

Type of Coverage: _____

Amount of coverage: _____

Expiration date: _____

Type of Coverage: _____

Amount of coverage: _____

Expiration date: _____

Please attach evidence of liability coverage.

__ I do not yet have active liability coverage and wish to be contacted when my Request for Application has been tentatively approved pending proof of liability coverage so that I may purchase coverage at that time.

Please check one of the following if you anticipate the need to transport clients in your own vehicle as a part of providing services through this RFA. You will need to maintain automobile insurance coverage at a rate described in Section II under "Insurance Requirements" :

__I anticipate needing to transport clients occasionally as a part of services that I provide and have attached a copy of this coverage.

__I anticipate needing to transport clients occasionally as a part of services that I provide and will provide evidence of coverage after I have been notified of my tentative RFA application approval.

18. If you are applying as a non-profit agency or business or corporation, the following additional information is needed:

- a) Attach a description of your agency or business. Include your organization's mission.
- b) List each employee or agent of the applicant who will work directly with OCB clients. List staff by type of service being provided. OCB requires that each person on this list submit to and pass a Criminal Records Check, as described in the FCRA Disclosure Statement and Authorization, before that person will be authorized to provide services under this RFA.
- c) If an intern is listed here, describe how the intern will be supervised.
- d) Describe the geographical features of your office if you intend to include program- or office-based services with your home-based services. Include a description of the neighborhood, bus-line availability, disabled access, and any other information relevant to how clients will be able to access your services.

19. Statement of acceptance of the terms and conditions contained in the Application:

I hereby acknowledge and agree that I have read and understand all the terms and conditions contained in the Application. I certify that the information I have provided is correct. I understand that any misrepresentations or incorrect information provided to OCB can result in disqualification of my application.

Authorized Signature: _____ Date: _____

Printed Name: _____

SECTION IV: SERVICES PROVIDED AND VENDOR QUALIFICATIONS

Fill out and submit only the attachments in Section IV which apply to the services that you are qualified and interested in providing.

ATTACHMENT A: Independent Living Skills Evaluation & Training Services

The OCB is establishing a list of individuals to provide Independent Living Skills Evaluation and Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals for individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying to provide and for which you have expertise in assessing and teaching adaptive techniques related to blindness):

__Techniques of Daily Living Assessment & Training

- __housekeeping tasks such as vacuuming, cleaning, dusting, mopping, and changing bed linen.
- __clothing care such as identifying, organizing, ironing and using washer/dryer.
- __Identify and organize money.
- __Identify and organize medications.
- __Perform bill paying, filing, and paperwork management.
- __Use everyday devices such as phone, watches, and alarm clocks.
- __Use and care for diabetic devices.

__Meal Preparation Assessment & Training

- __Use proper labeling and storage techniques of food, utensils, and dishware.
- __Collect and use recipes as needed, prepare lists, and

options for successful grocery shopping.

- ___ Cut, chop food, and pour hot and cold liquids in a safe manner. Measure dry and liquid ingredients.
- ___ Cook on stove top and in oven, mark dials and timers, and use proper equipment safely.
- ___ Use small appliances such as grill, microwave, coffee maker safely.
- ___ Clean kitchen, use appropriate cleaning products, and put away materials.
- ___ Use first aid basics and deal with electrical or grease fires.

___ marking appliances

___ **Low Vision Assessments & Training**

- ___ Use optical aides or devices for near tasks
- ___ Use optical aides or devices for distance tasks

___ **Other:** _____

PART 2: Requirements for persons applying to provide Independent Living Skills Evaluation and Training Services

Minimum requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment A. Please mark all requirements below that you meet:

___ Employment for at least 6 months within the last 5 years as a Rehabilitation Teacher for individuals who are blind or visually impaired;

OR

___ Currently certified in Rehabilitation Teaching from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

___Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Independent Living Skills with demonstrated ability of observing, assessing, and evaluating client's functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of accepted instruction methods, principles, and techniques for adaptive daily living skills; evaluating functional near and distance vision; communicating and teaching people from a variety of backgrounds; reading and analyzing medical and psychiatric reports; knowledge of non-optical aids, illumination and its effect on functional vision; and low vision aids evaluation and training AND successfully passing an assessment provided by OCB.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Independent Living Skills Evaluation and Training Services

Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) Please briefly describe your preferred teaching style(s) and how you use these to fit individual needs.
- 2) If applicable, what kind of equipment do you have available to use for low vision assessments or to demonstrate specific skills (for example, equipment used for adaptive cooking techniques)?

- 3) If you teach meal preparation, describe any skills and knowledge you have in nutrition or specialized diets (for example, healthy life styles, diabetes).

ATTACHMENT B: Orientation & Mobility Skills Evaluation & Training

The OCB is establishing a list of individuals to provide Orientation and Mobility Skills Evaluation and Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying to provide and have expertise in assessing and teaching):

- ☐ cane types, tips and understanding their functions and techniques of cane folding/unfolding and placement in a variety of environments.
- ☐ pre-cane skills such as hand trailing, squaring off and parallel alignment, and protective hand/arm.
- ☐ human guide with and without cane, to travel through familiar and unfamiliar environments and areas.
- ☐ basic cane techniques such as constant contact, two point touch, and traveling techniques with different grips.
- ☐ Travel indoors including orientation, problem-solving, and stair travel.
- ☐ Travel in residential neighborhoods using address systems, route planning and safe street crossing techniques.
- ☐ Travel in commercial environments including analysis and crossing of signalized intersections, route planning, and problem solving.
- ☐ Travel safely in rural environments and environments without sidewalks.
- ☐ Plan and use various forms of public transportation.
- ☐ Travel safely in varying light conditions (bright or dark).
- ☐ Effectively use low vision or electronic aids.
- ☐ Travel with a dog guide.
- ☐ Other: _____

**PART 2: Requirements for persons applying to provide
Orientation & Mobility Skills Evaluation and Training Services**

Minimum Requirements:

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment B. Please mark all requirements below that you meet:

☐ Employment for at least 6 months within the last 5 years as an Orientation and Mobility instructor working with individuals who are blind or visually impaired;

OR

☐ Currently certified in Orientation and Mobility from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

☐ Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Orientation and Mobility with demonstrated ability of observing, assessing, and evaluating clients' functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of orientation and mobility instruction methods, principles, and techniques; evaluating functional near and distance vision; communicating and teaching people from a variety of backgrounds; reading and analyzing medical and psychiatric reports AND successfully passing an assessment provided by OCB.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services

under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Orientation & Mobility Skills Evaluation and Training Services Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) If you have expertise in evaluating and training clients in mobility related electronic devices, identify the name of the devices used.
- 2) Please describe your experience in providing Orientation & Mobility Skills Evaluation and Training to someone who is deaf-blind or to someone who is a wheel chair user.

ATTACHMENT C: Adaptive Communication Skills Evaluation and Training (Braille, sign language, note taking, etc.)

The OCB is establishing a list of individuals to provide adaptive Communication Skills Evaluation and Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served by any of the Agency's three programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying to provide and for which you have expertise in assessing and teaching adaptive communication)

__ Braille Evaluation and Training

- __ Write Braille with a slate and stylus
- __ Write Uncontracted Braille using a Perkins Braille Writer
- __ Write Contracted Braille using a Perkins Braille Writer
- __ Read Contracted Braille
- __ Read Uncontracted Braille

__ QWERTY or Braille Notetaking Device evaluation and training

- __ Understands the care of (eg battery and storage) QWERTY or Braille Notetaking Device
- __ Input and retrieve notes
- __ Access all features of the notetaking device

__ Accessible digital recording device evaluation and training

- __ Record and play back files
- __ Load and retrieve files
- __ Access all features of device

__ Sign Language evaluation and training (for deaf-blind) *

- __ ASL evaluation and training
- __ Signed English evaluation and training
- __ Tactile signing evaluation and training

___ In-service training for employers and others.

*This service does not consist of interpreting services but training and evaluating a person's ability to learn sign language.

___ Other: _____

PART 2: Requirements for persons applying to provide Adaptive Communication Skills Evaluation and Training Services

Minimum requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment C. Please mark all requirements below that you meet:

___ Employment for at least 6 months within the last 5 years as a Rehabilitation Teacher for Individuals who are blind or visually impaired;

OR

___ Currently certified in Rehabilitation Teaching from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

___ Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Adaptive Communication Skills with demonstrated ability of observing, assessing, and evaluating client's functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of accepted instruction methods, principles, and techniques for alternative communication systems such as Braille and large print; evaluating

functional near and distance vision; communicating and teaching people from a variety of backgrounds; reading and analyzing medical and psychiatric reports; knowledge of non-optical aids, illumination and its effect on functional vision; and low vision aids evaluation and training AND successfully passing an assessment provided by OCB.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Adaptive Communication Skills Evaluation and Training Services Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) List the communication devices for the blind in which you have expertise in providing training to others:

ATTACHMENT D: Computer Technology Skills Evaluation & Training or Software / Hardware Support

The OCB is establishing a list of individuals to provide Computer Technology Skills Evaluation and Training or Software/Hardware Support services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in any three of the Agency's programs: VR, ILOB, or IL Part B.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying to provide and for which you have expertise in assessing and teaching. When prompted, identify the operating system(s), software, etc. that you have expertise in teaching.)

Basic Level Computer Technology Evaluation and Training

__ Basic Keyboarding

__ Touch type all letters, modifiers, function keys, escape, arrows, and backspace

__ Basic Windows: Enter name(s) of Operating System

Used: _____

__ Start and Shut Down PC and programs and understand basic Windows terminology

__ Navigate through running Windows, Window parts (e.g., Menu or ribbon) and dialogue or message boxes

__ Efficiently read and navigate through text documents using appropriate keyboard commands

__ Intermediate Windows

__ Create, cut/copy, delete, and Rename folders in Windows Explorer

- __ Transfer files to a Disk and copy files and folders to flash drive
- __ Delete Recycle Bin and Internet temporary folders
- __ Setup and install Windows updates appropriately
- __ Use the Control Panel to find and change settings as needed.
- __ Install and delete programs
- __ **Basic Word Processing:** Enter name(s) of Word Processor used: _____
 - __ Create, Save, and Retrieve word processing documents
 - __ Use editing commands such as delete, backspace and spell check to correct and manipulate text.
 - __ Use Cut, Copy, and Paste and understand the concept of the Clipboard and its uses
 - __ Apply basic format changes such as font sizes and Attributes
- __ **Intermediate Word**
 - __ Effectively use the Goto and Find and Replace dialogs
 - __ Change paragraph and page formatting such as orientation, margins, and tabs
 - __ Understand, create, and use themes and styles
 - __ Insert tables, pictures, table of contents, page numbering, and headers and footers in document
 - __ Change advanced options and defaults
- __ **Advanced Word**
 - __ Setup and perform mail merges and envelopes
 - __ Document sharing and tracking
 - __ Create and edit Templates
 - __ Create Macros and hotkeys
 - __ Use Help as needed
- __ **Basic Email:** Enter name(s) of Email Program

used: _____

- ___ Retrieve, Reply, and Forward Emails
- ___ Compose, Spell Check, and Send Emails
- ___ Open Attachments
- ___ Use Address Book and Add Contacts

___ **Intermediate email: Outlook**

- ___ Use the Calendar, Tasks, Notes, Contacts, and Journal
- ___ Set Rules and alerts
- ___ Create, and organize folders, and move mail appropriately.
- ___ Import/Export and backup of Contacts

___ **Basic Internet:** Enter name(s) of Browser

used: _____

- ___ Open Web Addresses and read web pages
- ___ Understand basic form elements and fill out fields
- ___ Perform a search using the Google Search Engine
- ___ Save and open favorite web pages
- ___ Understand basic concepts of the Internet including viruses, providers, URLs, etc.

___ **Excel**

- ___ Create and edit basic worksheets
- ___ Delete and cut and copy: cells, rows and columns
- ___ Insert, Delete, and rename worksheets
- ___ Create and edit basic formulas
- ___ Sort columns and rows
- ___ Insert Cell Formatting, Comments and Data Validation
- ___ Create and use Macros
- ___ Use Excel Help

__ **PowerPoint**

- __ Create, edit, and manipulate slides
- __ Insert photos and textboxes into presentation
- __ Understand different slide and presentation types.
- __ Use PowerPoint Help

__ **Basic Screen Reading:** Enter name(s) of screen reader(s) used: _____

- __ Load and unload Screen reader from Start Menu and Keyboard Command
- __ Use basic reading commands such as Say Title, Say All, Say Current Word, Line, Character, etc.
- __ Control Speech Rate and Keyboard echo (e.g., characters, words)
- __ On a Web Page, use basic strategies such as ListLinks to efficiently move through pages and understand use of forms mode to fill out form

__ **Intermediate Screen Reading**

- __ Create New and Manipulate Configuration and Set settings
- __ Connect a Braille display or Different Speech Synthesizer as needed
- __ Perform screen-reader specific commands for applications: Word, Excel, Outlook, and Internet Explorer
- __ Change verbosity, languages and voices
- __ Use keyboard and Help Features Magnifier

__ **Basic Magnification Software:** Enter name(s) of magnification program used: _____

- __ Start and Unload magnification software from Start Menu using keystrokes
- __ Adjust magnification and mouse size and their colors appropriately for comfortable use
- __ Pan or Scroll through screen with keystrokes
- __ If available, use utilities such as Document, Line Mode, or Application Reader to read a Window

__ Intermediate Magnification

- __ Create, and save default and application specific configuration files
- __ Use Zoomtext Help

__ Basic Scanning / Optical Character Recognition (OCR) Software:

Enter name(s) of OCR

program(s) used: _____

- __ Scan and Read books, documents, and pamphlets
- __ Save and open a scanned file
- __ Understand orientation, quality, and limitations of OCR Technologies

__ Intermediate OCR

- __ Create, save, and open specific scanner, reading and application settings
- __ Understand the cause of and make adjustments for inferior results.
- __ Understand and use different types of batch scanning as needed
- __ Use OCR Program Help

__ Other: _____

Additional Software Support (provided by Contractor to client)

__ **Adaptive Software Installation and Configuration:** Enter name(s) of software: _____

__ **User Scripting, Mapping, or other programming:** Enter names of software used:

__ Other: _____

Hardware Support (provided by Contractor to client)

___ General computer maintenance and repair, e.g., virus removal, hardware replacement

Please enter type of repair(s) you will perform as a service under this RFA:

PART 2: Requirements for persons applying to provide Computer Technology Skills Evaluation and Training or Software / Hardware Support Services

Minimum requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment D. Please mark all requirements below that you meet:

Minimum Requirements for Computer Technology Skills Evaluation and Training

___ Employment for at least 6 months within the last 5 years as a Rehabilitation Teacher for Individuals who are blind or visually impaired;

OR

___ Currently certified in Rehabilitation Teaching from an accredited organization such as the Academy for Certification of Vision Rehabilitation and Education Professionals or the National Blindness Professional Certification Board;

OR

___ Experience for at least 1 year within the last 5 years in evaluating and training individuals who are blind or visually impaired in Computer Technology Skills with demonstrated ability of observing, assessing, and

evaluating client's functional abilities and developing individual goals; developing an individualized training program; instructing individuals who are blind in specialized adaptive techniques using knowledge of accepted instruction methods, principles, and techniques for adaptive technology skills; communicating and teaching people from a variety of backgrounds; AND successfully passing an assessment provided by OCB.

Minimum Requirements for Software / Hardware Support Services

__Employment for at least 6 months within the last 5 years in doing scripting or providing adaptive software/hardware support;

OR

__Experience for at least 1 year within the last 5 years in doing scripting or providing adaptive software/hardware support.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Computer Technology Skills Evaluation and Training or Software / Hardware Support Services Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) Please list Braille displays you are familiar with:
- 2) Please describe your experience configuring and performing instruction with refreshable Braille displays.

- 3) Please describe your experience configuring scanners with appropriate OCR programs.
- 4) Please describe your experience with Apple products and using Voiceover or Magnification, or both.
- 5) Please describe your experience with digital OCR hardware products.
- 6) What other areas of computer support can you provide (for example, wireless networking, remote access, virus/spam troubleshooting)?

ATTACHMENT E: Career Exploration

The OCB is establishing a list of individuals to provide Career Exploration Services to OCB clients who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in the Agency's VR program.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying and for which you have expertise in Career Exploration.)

- ☐ Vocational Interest, Aptitude Testing, and knowledge of interpreting test results for individuals who are blind
- ☐ Knowledge and experience in accessing occupational information resources using various media
- ☐ Assist clients in determining how to evaluate whether a job is a good job match
- ☐ Other: _____

PART 2: Requirements for persons applying to provide Career Exploration Services

Minimum requirements

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment E. Please mark all requirements below that you meet:

__Employment for at least 6 months within the last 5 years as a Vocational Rehabilitation Counselor;

OR

__Currently certified as a Rehabilitation Counselor from an accredited organization such as the Commission on Rehabilitation Counselor Certification as a Certified Rehabilitation Counselor (CRC), the Certified Insurance Rehabilitation Specialist (CIRS), or the Certification of Disability Management Specialists Commission as a Certified Disability Management Specialist (CDMS) or certification as a Vocational Evaluator;

OR

__Employment for at least 6 months within the last 5 years as a Vocational Counselor with related experience.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Career Exploration Services

Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) What vocational interest and aptitude tests are you familiar with or have had experience in administering?

2) What vocational resources have you found to be most effective in assisting individuals in exploring job information? Describe how these resources are made accessible to individuals who are blind?

ATTACHMENT F: Work Evaluation and Training

The OCB is establishing a list of individuals to provide Work Evaluation and Training services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in the Agency's VR program.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying and for which you have expertise in assessing and teaching)

- ☐ Job site analysis
- ☐ Accommodation recommendations/understanding basics of assistive technology
- ☐ Comprehensive assessment of client's work performance, behaviors and attitudes
- ☐ One-to-one or group training of specific job skills and behaviors
- ☐ Job Coaching
- ☐ Other: _____

PART 2: Requirements for persons applying to provide Work Evaluation and Training Services

Minimum Requirements

You must meet at least one of the minimum requirements below before being approved to provide services in this Attachment F. Please mark all requirements below that you meet:

- ☐ Employment for at least 6 months within the last 5 years performing vocational evaluations with individuals who are blind, visually impaired, or disabled;

OR

___ Employment for at least 6 months within the last 5 years performing job training with individuals who are blind, visually impaired, or disabled;

OR

___ Experience related to Work Evaluation or Work Training for at least 1 year within the last 5 years with individuals who are blind, visually impaired, or disabled.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Work Evaluation and Training Services Your responses may assist clients in determining whether you may be a good match in providing services to them.

- 1) For what kinds of jobs have you evaluated and trained individuals and what kind of disabilities did these individuals have?
- 2) Describe any experience that you have in adapting your evaluation and training to someone with one or more disabilities.
- 3) Describe the extent to which your evaluations have been at competitive work sites working with employers or set up as different job samplings in a simulated environment.

ATTACHMENT G: Job Development or Small Business Development Consultation

The OCB is establishing a list of individuals with expertise in providing Job Development or Small Business Development Consultation services as needed to individuals who are blind or visually impaired. Contractors providing these services may receive referrals from individuals being served in the Agency's VR program.

The Agency cannot predict the caseload for the future and does not represent any particular volume of business will be offered to any applicant who contracts to provide services.

PART 1: Description of Services

Services Offered (check all services for which you are applying and for which you have expertise)

Job Development/Consultation

- ☐ Job site analysis
- ☐ Accommodation recommendations/understanding basics of assistive technology
- ☐ Pre-employment evaluation of client's job readiness (grooming/hygiene, attendance, timeliness, behaviors/attitude)
- ☐ Comprehensive assessment of client's work performance, attitudes and behaviors
- ☐ Motivational Interviewing
- ☐ Setting up work experiences
- ☐ Setting up job shadowing
- ☐ Job placements
- ☐ Specialized placements in supported work
- ☐ Resume development and training
- ☐ Interview skills training
- ☐ Training client about job search resources (I-Match, etc.)
- ☐ Job retention services
- ☐ Other: _____

Small Business Development Consultation

- ___ Teaching development of small business plans
- ___ Teaching how to perform marketing research
- ___ Providing information about funding sources and resources for small businesses
- ___ Small business development for individuals in supported employment
- ___ Small business feasibility analysis
- ___ Other: _____

PART 2: Requirements for persons applying to provide Job Development or Small Business Development Consultation Services

Minimum Requirements for Job Development / Consultation Services

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this Attachment G. Please mark all requirements below that you meet:

___ Employment for at least 6 months within the last 5 years as a Vocational Rehabilitation Counselor, Vocational Counselor, or Job Developer with experience working with individuals who are blind, visually impaired, or disabled;

OR

___ Currently certified as a Rehabilitation Counselor from an accredited organization such as the Commission on Rehabilitation Counselor Certification as a Certified Rehabilitation Counselor (CRC), the Certified Insurance Rehabilitation Specialist (CIRS), or the Certification of Disability Management Specialists Commission as a Certified Disability Management Specialist (CDMS);

OR

__Currently certified as a Vocational Evaluator with experience in working with individuals who are blind, visually impaired, or disabled;

OR

__Experience for at least 1 year within the last 5 years related to job development working with individuals who are blind, visually impaired, or disabled.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

Minimum Requirements for Small Business Development Consultation Services

You must meet at least one of the minimum requirements below before being approved to provide the services listed in this attachment. Please mark all requirements below that you meet:

__Previous employment for at least 3 years in the last 5 years as a Business Owner or Business Consultant;

OR

__Related experience in small business development for at least 5 years within the last 7 years.

The OCB reserves the right to conduct a standard assessment of services to be provided at its own discretion on any applicant, or employee, or agent of the applicant, applying to provide services under this RFA in order to verify that the applicant has the necessary skills and knowledge to perform the services outlined in this RFA. If the applicant, or employee, or agent of the applicant, does not meet

the minimum employment or certification requirements, an additional assessment of their qualifications is required before the application is approved.

PART 3: Supplemental Questions for persons applying to provide Job or Small Business Development Consultation Services

Your responses may assist clients in determining whether you may be a good match in providing services to them.

Respond to the following questions if you are applying to provide **Job Development Services**:

- 1) Describe what kind of jobs you have developed or placed people in over the last year and indicate the kind of disabilities these individuals have.
- 2) Describe the most creative job that you have developed.
- 3) During normal economic times, what has been the average number of weeks that it has taken you to place an individual with a disability in a job where the job has been mutually agreeable to the employee and employer?
- 4) Describe what steps you have taken to ensure a good job match for the employee and employer.
- 5) Describe any success that you have had in placing individuals in rural environments or in hard-to-place industries.

Respond to the following questions if you are applying to provide **Small Business Development Services**:

- 1) If you have ever owned a business, please describe the type of business, size, etc.
- 2) Describe the extent to which you have knowledge and experience of state, county, metro, and IRS rules regarding business licenses for self-employment.
- 3) Describe the extent to which you have knowledge of business finances such as business taxes, profit/loss statements, accounting procedures/tracking methods, and inventory control.

- 4) Describe the extent to which you have knowledge of sales/marketing, advertising, and market analysis for a product.
- 5) Describe the extent to which you have knowledge of writing and analyzing business plans.

APPLICANT: Please read the following statement and complete the attached Authorization Form. Detach and retain this Disclosure statement for your records.

Fair Credit Reporting Act Disclosure Statement (FORM 121)

This notice is required by and given to you under the federal Fair Credit Reporting Act, 15 USC §§ 1681-1681u (FCRA). The Oregon Commission for the Blind (OCB), when considering your application to enter into a contract with OCB as an independent contractor and when making a decision whether to offer you a contract, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the FCRA, which applies to you. As an applicant to enter into an independent contractor relationship with OCB, you are a “consumer” with rights under the FCRA.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for purposes of establishing an independent contractor relationship. For the purposes of the OCB, **a consumer report will consist of a criminal background check only.**

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as the OCB.

If the OCB obtains a “consumer report” about you, and if the OCB considers any information in the “consumer report” when making a decision related to a contract that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided a copy of the “consumer report.” You may also contact the Federal Trade Commission about your rights under FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

In accordance with Oregon law, if the OCB requests a consumer report, the purpose will be to obtain information on aspects of your background *other than your creditworthiness, credit standing, or credit capacity*. The OCB does not use creditworthiness, credit standing, or credit capacity in making contracting decisions.

AUTHORIZATION

ALLOWING THE OCB TO OBTAIN MY CONSUMER CREDIT REPORT For Purposes of Conducting a Criminal Records Check

By my signature below, I authorize the OCB to obtain, in connection with the OCB's consideration of my, or my employer's, application to enter into an independent contractor relationship with OCB, one or more consumer reports from one or more consumer reporting agencies. I understand and acknowledge that in accordance with Oregon law, the OCB may request the consumer report to obtain information on aspects of my background other than my creditworthiness, credit standing, or credit capacity. I understand that the OCB does not use creditworthiness, credit standing, or credit capacity in making independent contractor decisions.

I hereby acknowledge that I have read and received a document entitled "FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT" that informed me that the OCB may obtain a copy of my consumer credit report for establishing an independent contractor relationship. I understand that my consumer report may be used by the OCB for to establish an independent contractor relationship with my employer or me.

Please initial here to demonstrate that you have received and read the Statement:_____.

Please provide the following information:

Name (last, first, middle): _____

Driver's License or Other ID # and state of issuance: _____

Gender: M__ F__ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

List ALL other name(s) used (maiden, previous married name(s), aliases, legal name change, assumed names):

Applicant Name (please print name): _____

Signature: _____

Date: _____

EXHIBIT C¹

INDEPENDENT CONTRACTOR CERTIFICATION

(OAR 125-246-0330(2))

PERSONAL SERVICES CONTRACT² No. _____

Part A. CONTRACTOR IS AN INDEPENDENT CONTRACTOR

(An Independent Contractor Certification is required, regardless of corporate status. OAR 125-246-0330(2)(b).)

1. I am free from direction and control over the means and manner of providing the services, subject only to the right of the person for whom the services are provided to specify the desired results;
2. I am registered under ORS Chapter 58, 60, 62, 63, 65, 67, 70 or 648 to provide the services, if such registration is required.
3. I am responsible for obtaining other licenses or certificates necessary to provide the services.
4. I am customarily engaged in an independently established business because at least 3 of the following requirements are satisfied.³ Check all that apply:

__A. I maintain a business location:

¹ This Certification is limited to Oregon law as cited within its form and may not apply under other law, including but not limited to Internal Revenue, other federal, or other state laws (other law). Parties must determine whether other law applies.

² See OAR 125-246-0110 for the definition of "Personal Services Contract" and other capitalized words used in this form.

³ Agency: ORS 670.600 mandates the selection of at least three (3) requirements. An Agency may require a higher number.

- 1) That is separate from the business or work location of the person for whom the services are provided; or
- 2) That is in a portion of my residence, and that portion is used primarily for business.

__B. I bear the risk of loss related to the business or the provision of services as shown by factors such as:

- 1) Entering into a fixed-price contract;
- 2) Being required to correct defective work;
- 3) Warranting the services provided; or
- 4) Negotiating indemnification agreements, or purchasing indemnification liability insurance, performance bonds or errors and omissions insurance.

__C. I provide contracted services for two or more different persons within a 12-month period, or routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.

__D. I make a significant investment in the business, through means such as:

- 1) Purchasing tools or equipment necessary to provide the services;
- 2) Paying for the premises or facilities where the services are provided; or
- 3) Paying for licenses, certificates or specialized training required to provide the services.

__E. I have the authority to hire other persons to provide or to assist in providing the services and have the authority to fire those persons.

(Section 4 does not apply if a Person files a Schedule F as part of an income tax return and the Person provides farm labor or farm services that are reportable on Schedule C of an income tax return.)

Contractor

Signature _____ Date _____

Name:

Title:

(Agency completes Part B below after the Contractor completes Part A above.)

Part B. AGENCY STATEMENT

ORS 670.600. Independent Contractor Standards. As used in various provisions of ORS chapters 316, 656, 657, 671, and 701, an individual or business entity that performs labor or services for remuneration shall be considered to perform the labor or services as an Independent Contractor if the standards of this section are met. OAR 125-246-0335 states that if a Contractor is not an Independent Contractor, the Agency may not enter into a Personal Services Contract with the Contractor; instead the Agency must follow personnel policies for employment options.

The representative of the Agency understands and states, to the best of his or her knowledge, that the Contractor and the contracted work should meet the following standards:

1. Although Agency may (a) determine and modify the delivery schedule for Services to be performed and (b) evaluate the quality of the completed performance, Agency cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing any Services required under this Contract; and
2. Contractor is not an "officer", "employee", or "agent" of Agency as those terms are used in ORS 30.265.

Agency Representative's

Signature _____ Date _____

Name:

Title:

SECTION VII: CONSENT TO SUBCONTRACT (FORM 122)

**STATE OF OREGON
OREGON COMMISSION FOR THE
BLIND
CONSENT TO SUBCONTRACT**

Approval of this document provides the Agency prior written consent for Contractor to enter into a subcontract with the name identified below, for any of the Work required by the Contractor's OCB Contract.

Contractor:

Subcontractor:

Subcontractor Address:

Subcontractor Phone:

Fax:

Services to be provided by subcontractor:

Required Qualifications/Certificates/Licenses:

Consent to criminal history check per OCB policy has been included:

☐ YES ☐ NO

Approved by OCB Contract Administrator:

Signature

Date

Checklist of Items to Submit

Please check off items that you have included in your Request for Application packet.

Sections III, IV, V, and VI are required of all applicants. Section VII only applies to vendors who are subcontracting services.

__Section III: Application (Form 120)—completed, signed, and dated

__copy of license and certifications if applicable

__copy of liability insurance (professional or general) has been provided OR

__will provide copy of liability insurance when RFA is tentatively approved

__copy of automobile insurance (if planning to transport clients) has been provided OR

__copy of automobile insurance (if planning to transport clients) will be provided when RFA is tentatively approved

__Section IV: Attachments that are applicable to the services you want to provide

__Section V: Criminal Records Request (Form 121)—completed, signed, and dated

__Section VI: Independent Contractor Certification (Exhibit C)—completed, signed, and dated

__Section VII: Consent to Subcontract (Form 122)—only if you are subcontracting with others to provide services to the Oregon Commission for the Blind—completed, signed, and dated

Electronic copy of Sections III and IV has been provided on

__CD or

__email