

Appendix A

BRS Industry Specific Training and Placement Program

1. Individual Provider Application Page 1

Legal Name of Applicant: _____

Address: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

EIN or SSN: _____

Executive Director: _____ (Name) _____ (Title)
_____ (Phone) _____ (E-Mail)

Contact Person: _____ (Name) _____ (Title)
(If other than Executive Director) _____ (Phone) _____ (E-Mail)

Certification:

I have read the BRS Industry Specific Training and Placement Program Request for Proposals. All of the information submitted as part of this Proposer's application, including all supporting materials, is complete and correct. If awarded a contract through this RFP process, I agree that the organization which I represent will comply with the requirements outlined in this RFP and the proposal submitted by my organization.

Executive Director/CEO (Signature) Title Date

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2. Consortium Application Pages 2-4

Lead Agency: _____

Address: _____

Mailing Address: _____

Telephone Number: _____ Fax: _____

EIN or SSN: _____

Executive Director: _____

(Name)

(Title)

(Phone)

(E-Mail)

Contact Person: _____

(If other than Executive Director) (Name)

(Title)

(Phone)

(E-Mail)

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Other consortium members (add additional page(s), if needed):

Agency Name: _____

Address: _____

Telephone: _____

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Consortium Application

Certification:

I have read the BRS Industry Specific Training and Placement Program Request for Proposals. All of the information submitted as part of this Proposer's application, including all supporting materials, is complete and correct as it relates to the organization which I represent. If awarded a contract through this RFP process, I agree that the organization I represent will comply with the requirements outlined in this RFP and the proposal as it relates to my organization.

_____	_____	_____
Lead Agency Executive Director/CEO (Signature)	Title	Date

Other consortium members (add additional lines, as needed):

_____	_____	_____
Executive Director/CEO (Sign & print name)	Agency Name	Date

_____	_____	_____
Executive Director/CEO (Sign & print name)	Agency Name	Date

_____	_____	_____
Executive Director/CEO (Sign & print name)	Agency Name	Date

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Organization Name _____

**BRS Criteria for Approval of Community Rehabilitation Programs
Pages 5-6**

In order to qualify for funding under the BRS Industry Specific Training and Placement Program, the Proposer must meet the criteria for one of the options below. Any additional documentation beyond that outlined in other sections of this RFP are specified under the applicable options, below.

(Check as applicable)

_____ **Option I** - **The organization/provider is accredited in relevant areas by CARF.**

Additional documentation requirements: Under this option, the Proposer must provide proof of current accreditation from the Council of Accreditation of Rehabilitation Facilities (CARF)

_____ **Option II** - **The organization/provider is able to demonstrate, through its organizational chart, a business infrastructure that it will be capable of managing program referrals and providing high quality services to program participants.**

Under this option, the Executive Director assumes the dual role of being responsible for all administrative oversight of the organization, as well as the direct supervision of all staff that will be providing services under this program, as evidenced through the Proposer's organizational chart.

In order to qualify under Option II, the Executive Director must meet either of the following criteria:

_____ a. The Executive Director is currently a Certified Rehabilitation Counselor (CRC) and has a minimum of two years experience (minimum 1000 documented service hours per year) in providing community-based vocational services to persons with disabilities. This experience must include providing services specifically related to those outlined in the Program Overview of this RFP. **OR**

_____ b. The Executive Director has a Bachelor's degree in a relevant area and a minimum of five years experience (minimum 1000 documented service hours per year) in providing community-based vocational services to persons with

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disabilities. This experience must include providing services specifically related to those outlined in the Program Overview of this RFP.

Additional documentation requirements: If the entity is eligible under paragraph (a) of Option II, the Proposer must submit proof of the CRC certification for the Executive Director or the Executive Director's resume.

_____ **Option III - The organization/provider is able to demonstrate, through its organizational chart, a business infrastructure that will be capable of managing program referrals and providing high quality services under this program.**

Under this option, the Executive/Administrative Director assumes the role of being responsible for all administrative oversight of the organization. The Executive/Administrative Director must have a combination of experience and education (minimum of a Bachelor's degree) deemed sufficient to effectively manage the operations of the business entity.

In addition, the organizational chart must demonstrate that all direct service staff who will be providing services to program participants will report to a "Director of Vocational Services," who must meet either of the following criteria:

_____ a. The Director of Vocational Services is currently a Certified Rehabilitation Counselor (CRC) and has a minimum of two years experience (minimum 1000 documented service hours per year) in providing community-based vocational services to persons with disabilities. This experience must include the provision of services specifically related to those outlined in the Program Overview.

OR

_____ b. The Director of Vocational Services has a Bachelor's degree in a relevant area and a minimum of five years experience (minimum 1000 documented service hours per year) in providing community-based vocational services to persons with disabilities. This experience must include the provision of services specifically related to those outlined in the Program Overview.

Additional documentation requirements: If the entity is eligible under paragraph (a) of Option III, the Proposer must submit proof of the CRC certification for the Director of Vocational Services or the Executive Director's resume.