Cal-ATSD Supplier Directory Application

The information on this application will be posted on the California Assistive Technologies, Services, and Devices (Cal-ATSD)

Supplier Directory which is available for public viewing. Cal-ATSD suppliers must notify DOR at SupplierDirectory@dor.ca.gov immediately of any changes to the information submitted on this application.

*\* Designates a required field*

|  |
| --- |
| **PART I: Supplier Information**  |
| \* **Supplier Name:** |       |
| \***Address, City, State, Zip:** |       |
| \***Telephone Number:** |       |  \***Fax Number:** |       |
| \***Email Address:** |       |
| \***Contact Name:** |       |  \***Seller Permit Number:** (Complete if  supplier will be selling products) |       |
| **Website Address:** |       |  \* **Federal Tax ID:** |       |
| **Certifications:** (California-Certified only) | [ ]  Small Business (SB) [ ]  Disabled Veteran Business Enterprise (DVBE)[ ]  Micro Business (MB) | **Certification Number:** |       |
| **PART II: Products and Services**  |
| **A.** \***Acquisition Type:** *(Check all that apply)* |
| The Supplier offers the following to be listed on the Cal-ATSD Supplier Directory: [ ]  Services [ ]  Products *(Provide Retailer Seller Permit information in Part I)*  |
| **B.** \***Type of Disabilities Served and Products and Services Offered:** *(Check all that apply)* |
| **Deaf and Hard of Hearing** [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training [ ]  Interpreting and Referral Services [ ]  Assessments/Evaluations (specify):       **Speech or Language**  [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training [ ]  Assessments/Evaluations (specify):       **Physical/Orthopedic/Ergonomic**  [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training [ ]  Specialty Services  [ ]  JAWS scripting [ ]  Software Programming [ ]  Dragon Scripting [ ]  Equipment Design [ ]  Other (specify):      [ ]  Assessments/Evaluations (specify):        | **Low Vision/Blind** [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training[ ]  Assessments/Evaluations (specify):       **Deaf-Blind** [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training [ ]  Interpreting and Referral Services[ ]  Assessments/Evaluations (specify):       **Learning or Intellectual, Brain Injuries** [ ]  Sales of assistive technology products and related equipment [ ]  System Configuration and Setup [ ]  Technical Support [ ]  Training[ ]  Assessments/Evaluations (specify):         [ ]  **Rental of Accessible Vehicles** [ ]  Other (specify):  |
|        |
| **PART III:** **Conflict of Interest Disclosures:** *(Check all that apply)* *Applies to vendors that will be providing assistive technology assessments. Prior to completing Part III, applicants must review the document ‘*[*Department of Rehabilitation Guidelines for Procuring Assistive Technologies Goods and Services*](https://www.dor.ca.gov/CAL-ATSD/resources/DOR%20Guidelines%20for%20Procuring%20AT%20Goods%20and%20Services.docx)*.’*  |
| [ ]  | Our organization provides assistive technology evaluation services. |
| [ ]  | Our organization charges for the evaluations we conduct.  |
| [ ]  | Our organization sells PRODUCTS which may be recommended through an evaluation we conduct. |
| [ ]  | Our organization sells SERVICES which may be recommended through an evaluation we conduct.  |
| [ ]  | Our organization may benefit indirectly (borrowing equipment, discounts, not-for-resale software, etc.) from relationships with organizations that sell PRODUCTS we recommend in an evaluation. |
| [ ]  | Our organization may benefit indirectly (borrowing equipment, discounts, not-for-resale software, etc.) from relationships with organizations that sell SERVICES we recommend in an evaluation. |
| [ ]  | Our organization may receive direct monetary compensation (finder’s fees, financial donations, in-kind donations, etc.) from organizations that sell PRODUCTS we recommend in an evaluation. |
| [ ] [ ]  | Our organization may receive direct monetary compensation (finder’s fees, financial donations, in-kind donations, etc.) from organizations that sell SERVICES we recommend in an evaluation.None of these apply. |
| \***Narrative -** *If applicable, explain any possible financial conflicts of interest* |
|       |
| \***PART IV:** **Narrative -** *Briefly (in no more than 250 words) describe your company’s products and services and/or your experience in relation to working with individuals with disabilities* |
|       |

|  |
| --- |
| **PART V: \*Certification Statement** |
| [ ]  *By checking this box, your company acknowledges that the person indicated below is an authorized representative for your company and the information provided is true and accurate under penalty of perjury.*   |
| \***Name/Title:** |       |
| \***Signature:** |  | **Date:** |  |

|  |
| --- |
| **PART VI: Administrative Approval**  |
| **Analyst Name:** |  | **Date Received:** |   |
| **Action:** |  [ ]  Approved [ ]  Denied  | **Administrative Approval Date** |  |
| **Signature:** |  |  **Date:** |  |
| **Comments/Notes:** |
|  |

**SUBMITTAL INSTRUCTIONS:**

Return the following completed application documents to the DOR SupplierDirectory.ca.gov via email.

[ ]  Completed Application Form

[ ]  Completed Payee Data Record (STD. 204) All suppliers must have a completed STD 204 on file with the Cal-ATSD Supplier Directory Administrator. The form is available at <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

[ ]  Copy of Seller’s Permit (if applicable). All Suppliers providing tangible property must provide a copy of their California Seller’s Permit issued by the California Department of Tax and Fee Administration (CDTFA). For more information on California Seller’s Permits, see the CDTFA website at <https://www.cdtfa.ca.gov/services/#Register-Renewals>

[ ]  For assistive technology products, documentation that supplier is approved as an authorized dealer, sub-dealer, or reseller by the manufacturer, or distributor for the manufacturer.

CAL-ATSD SUPPLIER DIRECTORY ADMINISTRATOR CONTACT INFORMATION: For further information, email the Cal-ATSD Supplier Directory at SupplierDirectory@dor.ca.gov. The Administrator may also be contacted as follows:

***Cal-ATSD Administrator***

Department of Rehabilitation
Contracts and Procurement Section

721 Capitol Mall, 6th Floor

Sacramento, CA 95814
Telephone: ***(916) 558-5680***

Facsimile:(916) 558-5681