

# OREGON COOPERATIVE PROCUREMENT PROGRAM (ORCPP)

## MEMBERSHIP APPLICATION

### PROGRAM QUALIFICATIONS:

Thank you for expressing an interest in participating in the Oregon Cooperative Purchasing Program (ORCPP).

Your organization must meet one of the following qualifications. Mark the qualification that best describes your organization.

**Submit, with a signed ORCPP Agreement, any requested documentation supporting your organization qualification. *Note: If you are applying as a Public Benefit Corporation, please complete and return this application along with all of the required documentation for review. Upon determination of eligibility, organizations meeting the qualifications for participation will be sent an Agreement to complete.***

My organization \_\_\_\_\_  
is a: (Please check the appropriate category. Organizations must meet the qualifications in their respective membership category and supply any requested supporting documentation required.)

<b>Interagency</b> State Agencies Not Subject to ORS Chapter 279A.050 and DAS Implementing Administrative Rules	<b>Intergovernmental</b> Units of Local Government, Federal Agencies, Indian Tribes or Agencies	<b>Other Qualified Non Profit Organization</b> (QRF, Residential Programs and Public Benefit Corporations)

## INTERAGENCY

- Oregon University System**
- State Agencies** (e.g., Lottery, Secretary of State, Treasury, etc.)
- Legislative Assembly and Committees**
- Judicial Department**

SUBMIT COMPLETED PROGRAM APPLICATION, AGREEMENT & BUDGET DOCUMENT.

## INTERGOVERNMENTAL

**Division or Unit of Local Government** having separate autonomy such as Oregon counties, cities, municipalities or other public corporations, commissions, authorities or entities organized and existing under statute or city or county charter and having local governing authority OR a **United States governmental agency** OR an **American Indian tribe or agency**.

**Other Qualified Public Agency/Organization** (e.g., Oregon Health Sciences University, Travel Information Council, etc.)

SUBMIT COMPLETED PROGRAM APPLICATION, AGREEMENT & BUDGET DOCUMENT.

## OTHER QUALIFIED NON-PROFIT ORGANIZATIONS:

**ORS 279.855.** The following may purchase equipment, materials, supplies and services through the Oregon Department of Administrative Services in the same manner as state agencies as provided in ORS 279A.140 to 279A.155. (*Check the appropriate type and provide the necessary documentation.*)

**Qualified Non-profit Agency for Disabled Individuals** participating in the program set forth in ORS 279.835 to 279.855, 279A.025 (4) and 279C.335.

*Note: Qualified non-profit must be approved as a Qualified Rehabilitation Facility (QRF) with the Department of Administrative Services State Procurement Office QRF Coordinator. Contact the QRF Coordinator for information regarding approval status at (503) 373-0975.*

**Residential program under contract with the Department of Human Services (DHS) or a division thereof to provide services to youth in the custody of the State.** ORS 279.855 (2) *Note: Submit with the ORCPP agreement a letter from Department of Human Services (DHS) or division thereof verifying your contract with DHS. The letter must be on DHS or DHS division letterhead and contain the following information:*

1.  Scope of contract, what service is being provided.
2.  Contract number
3.  Starting and expiration dates of contract
4.  State Contract Administrator's, name, original signature, mailing address and telephone number

**PUBLIC BENEFIT CORPORATION ORS 279.855 (3)**

**SUBMIT DOCUMENTATION TO MEET THE REQUIREMENTS SET FORTH BELOW:**

**Part 1: Corporate Requirements**

- a. **Submit a complete copy of the corporate Articles of Incorporation with all amendments thereto.**
- b. **Submit documentation that establishes that the corporation is active and current with respect to state registration obligations.**
- c. **Submit documentation that establishes that the corporation meets one of the following requirements of ORS 65.001 (37) (a):**
  - (i) Formed as a public benefit corporation pursuant to ORS 65.044 to 65.067;
  - (ii) Designed as a public benefit corporation designated by statute;
  - (iii) Recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986 or
  - (iv) Otherwise organized for public or charitable purpose in accordance with it's articles of incorporation and bylaws.
- d. **Submit documents that establish that the corporation meets the requirements of ORS 65.001 (37) (b), so that on dissolution it must distribute its assets to one of the following:**
  - (i) An organization organized for a public or charitable purpose;
  - (ii) A religious corporation;
  - (iii) The United States of America;
  - (iv) A state of the United States of America, or
  - (v) A person who is recognized as exempt under section 501 (c) (3) of the Internal Revenue Code of 1986;
- e. **Submit documents that establish that the corporation meets the requirements of ORS 65.001 (37) (c) in that the corporation IS NOT a "religious corporation" as defined in ORS 65.001(33).**

**Part 2: Relationship with a state agency or unit of local government.**

- a. Provide a letter from the State or local government agency confirming your contract with them. The letter **must be on the state or local agency's letterhead** and contain the following information:

- \_\_\_ Scope of contract (what service is being provided)
- \_\_\_ Contract number
- \_\_\_ Starting and expiration dates of contract
- \_\_\_ Confirmation that the contract is funded by State funds in part or in whole
- \_\_\_ Signature, name, mailing address & telephone number of the state or local government contract administrator

**AGENCY/ORGANIZATION INFORMATION:**

Agency/Organization: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ (Print Name)

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMISSION REQUIREMENTS:** RETURN YOUR COMPLETED APPLICATION AND ALL  
ADDITIONAL REQUESTED DOCUMENTATION LISTED IN YOUR CATEGORY.

Interagency	Intergovernmental	Other Qualified Non Profit Organization
Program Application & Budget Document Participation Agreement	Program Application Budget Document Participation Agreement	Program Application <u>All</u> Supporting Documents Budget Document

**NOTE: Non Profit/Public Benefit Corporation Applicants will be sent a copy of the Participation Agreement to complete after eligibility is determined.**

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**DAS STATE PROCUREMENT OFFICE: (TO BE COMPLETED BY DAS.)**

Reviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Application Complete: \_\_\_\_\_

Application Incomplete: \_\_\_\_\_

Supporting Information Needed:

- Budget Document
- Articles of Incorporation/Dissolution Clause
- IRS Status
- Letter of Authorization/Contract with State or Local Entity
- Other (explain) \_\_\_\_\_

Approval: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_