

STATE OF OREGON



**DEPARTMENT OF ADMINISTRATIVE SERVICES
OREGON COOPERATIVE PROCUREMENT PROGRAM
(ORCPP)**

**Interagency, Intergovernmental and Public Benefit Corporation
Cooperative Procurement Participation Agreement**

**Oregon Department of Administrative Services
State Procurement Office
1225 Ferry Street SE U140
Salem OR 97301-4285
(503) 378-4649 FAX: (503) 373-1626
<http://tpps.das.state.or.us>**

OREGON COOPERATIVE PURCHASING PROGRAM

2. 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.

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.)

Table with 3 columns: 2.1 Interagency (State Agencies Not Subject to ORS Chapter 279.712 and DAS Implementing Administrative Rules), 2.2 Intergovernmental (Units of Local Government, Federal Agencies, Indian Tribes or Agencies), 2.3 Other Qualified Non Profit Organization (QRF, Residential Programs and Public Benefit Corporations). Each column has a corresponding empty row below it.

2.1 INTERAGENCY

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

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

2.3 OTHER QUALIFIED NON-PROFIT ORGANIZATION

___ **Qualified Non-profit Agency for Disabled Individuals** participating in the program set forth in ORS 279.350 to 279.855.

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) 378-6781.

___ **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.**

*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 & telephone number

2.3 PUBLIC BENEFIT CORPORATION:

___ **Public benefit corporation** "as defined in ORS 65.001 that provides public services either under contract with a state agency, as defined in ORS 171.133, or under contract with a unit of local government, as defined in ORS 190.003, that funds the contract, in whole or in part with state funds."

Note: This qualification has four parts. You must meet all four of the requirements listed to qualify under this section.

Part 1:

Active status Domestic, Nonprofit Corporation that is:

(Submit documentation that supports one of the following requirements)

- a. Formed as a public benefit corporation pursuant to ORS 65.044 to 65.067;
- b. Designed as a public benefit corporation designated by statute;
- c. Recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code of 1986
or
- d. Otherwise organized for public or charitable purpose in accordance with it's articles of incorporation and bylaws;

Part 2:

Organization is restricted so that on dissolution it must distribute its assets to:

(Submit documentation that supports one of the following.)

Note: The organizations' articles of incorporation should contain this information.

- a. An organization organized for a public or charitable purpose;
- b. A religious corporation;
- c. The United States of America;
- d. A state of the United States of America, or
- e. A person who is recognized as exempt under section 501 (c) (3) of the Internal Revenue Code of 1986;

Part 3.

IS NOT a "religious corporation" as defined in ORS 65.001(33).

Note: The organizations' articles of incorporation should contain this information.

Part 4.

Organization under contract with a state agency, "as defined in ORS 171.133, or under contract with a unit of local government, as defined in ORS 190.003, that funds the contract, in whole or in part with state funds."

Note: 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:

- a. ___ 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