

DEPARTMENT OF ADMINISTRATIVE SERVICES
OREGON FORWARD PROGRAM APPLICATION



- 1. Principal Name of Legal Entity: _____
- 2. Principal Mailing Address: _____
- 3. How does your organization meet the definition of a Community Rehabilitation Program¹ as defined in OAR125-0005(2):

4. Federal ID Number: _____

5. Check the box to indicate you have included a copy of the following documents for your organization with this application:

- Internal Revenue Services 501(c)(3) letter;
- Articles of Incorporation;
- Bylaws
- Mission Statement

6. Describe your organization's plan to meet the direct labor requirement of ORS 279.835(6)(c).² (Use additional pages as required)

¹ “Community Rehabilitation Program” (CRP) means a nonprofit agency for individuals with disabilities providing or facilitating one or more of the following services to individuals with disabilities, enabling them to maximize their opportunities for employment:

- (a) Medical, psychiatric, psychological, social, and vocational services;
- (b) Physical, occupational and recreational therapy;
- (c) Speech, language, and hearing therapy;
- (d) Assessment for determining eligibility and vocational rehabilitation needs;
- (e) Job development, placement, and retention services;
- (f) Psychosocial rehabilitation services;
- (g) Supported employment services;
- (h) Services to family members, if necessary, to enable the applicant or eligible individual to achieve an employment outcome; and
- (i) Personal assistance services.

² ORS 279.835(6) (c) (c) That in the manufacture of products and in the provision of services, whether or not the products or services are procured under ORS 279.835 to 279.855, employs individuals with disabilities for not less than:...

(B) 65 percent of the work hours of direct labor required for the manufacture or provision of the products or services during a fiscal year that begins on or after July 1, 2019, and before June 30, 2021.

(C) 60 percent of the work hours of direct labor required for the manufacture or provision of the products or services, or the federal ratio, whichever is lower, during a fiscal year that begins on or after July 1, 2021.

7. What products and services under the Oregon Forward Program does your organization want to provide public agencies?

8. Executive Director: _____ Phone No. _____

9. Executive Director Email Address: _____ Fax No. _____

10. List Board Members and contact information. *(Use additional pages as required)*

Office	Name	Address	Phone
President/Chairperson			
Vice President/Chairperson			
Secretary			
Treasurer			
Member			
Member			

CERTIFICATION

The individual signing below on behalf of the organization certifies and affirms the information supplied is correct and this organization:

- 1) is a nonprofit agency operated to provide training or employment for individuals with disabilities, that complies with any applicable occupational health and safety standards required by the laws of the United States or of this state and during the fiscal year employs individuals with qualifying disabilities for not less than 75 percent of the direct labor hours; *and*
- 2) understands and agrees that as a condition of acceptance in the Oregon Forward program and subsequent listing in the Oregon Forward Procurement List, this organization shall comply with the applicable requirements set forth in Oregon Revised Statute (ORS) 279.835-850 and Oregon Administrative Rule (OAR) 125-055-0005-0045; *and*
- 3) understands and agrees that the intentional submission of false or misleading information may result in immediate disqualification from participation in this program.
- 4) complies with all applicable occupational health and safety standards required by the laws of the U.S. or this state.

Authorized Signature: _____

Title: _____ Date: _____

Mail application to: OREGON FORWARD PROGRAM COORDINATOR
 Procurement Services
 Department of Administrative Services
 1225 Ferry St. SE
 Salem, Oregon 97301