SECTION 9 ATTACHMENT A APPLICATION AND QUALIFIED VENDOR AGREEMENT AWARD

APPLICATION and QUALIFIED VENDOR AGREEMENT AWARD

TO: THE STATE OF ARIZONA

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

APPLICATION

The Undersigned hereby applies and agrees to provide the s For clarification of this application, contact:	ervice(s) in compliance with the RFQVA.
Tor clarification of this application, contact.	
Name	Federal Employer Identification Number
Phone Number	Company Name
Fax Number	Mailing Address
E-Mail Address If awarded a Qualified Vendor Agreement, all notices	City State Zip
should be sent to:	Phone Number Fax Number
Name	E-Mail Address
Mailing Address	
City State Zip	Signature of Person Authorized to Sign Application
Phone Number Fax Number	Printed Name
E-Mail Address	Title
APPROVAL OF APPLICATION AND AGREEMENT AWARD (FOR STATE OF ARIZONA USE ONLY)	
Your application is hereby approved. The Qualified Vendor is now bound to provide the service(s) listed in the attached award notice based upon the RFQVA, including all terms, conditions, service specifications, scope of work, amendments, etc., and the Qualified Vendor's application as accepted by the State.	
This agreement shall henceforth be referred to as Qualified Vendor Agreement No The begin date and the effective date of this agreement is either the date that this award is signed by the Procurement Officer or July 1, 2003, whichever is later.	
State of Arizona Awarded this Date:	
Procurement Officer	