Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

Request for Agreement Response

Attachment A

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| Agency Name      |
| **Applicant Contact Information**  |
| Name      | Title      |
| Email Address      | Phone Number      |

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| **Section 4.1****Applicant Qualifications/Expectations** |
| 1. Applicant and staff have knowledge of Vocational Rehabilitation (VR) programs, similar type programs, and/or knowledge/experience working with individuals with disabilities. (**RFA Notice 4.1.1**)
 | [ ]  Yes [ ]  No |
| If "Yes," you ***must*** include the following:1. Description of the services **YOU AND YOUR STAFF** currently provide to individuals with disabilities including:
	1. Specific disability population(s) you are currently serving or have previously served:
	2. The type(s) of service(s) you currently provide or have previously provided to individuals with disabilities:
	3. The service(s) you currently provide or have previously provided to other unique Populations including individuals from: diverse ethnic, cultural and racial groups, LGBTQ+, non-native English language speakers, justice system involvement, and/or Other.
	4. The type(s) of industries/business sectors (e,g., Agriculture, Finance, Health Care, etc.) you currently serve or have previously served:
	5. Identify **two** successful collaborative relationships, agreements, or contracts with a school, non-profit, business and/or a government agency involving Vocational Rehabilitation (VR) programs or a similar type program. Please include for each example, ***the name of the school, non-profit, business, and/or government agency, the date(s) of the partnership(s), and the outcome of the partnership(s)***:
2. Example 1:
3. Example 2:
4. Description of Educational Backgrounds and Professional Credentials for **You and Your Staff**:
	1. **Educational Backgrounds i.e., formal education and any informal or continuing education**:
	2. **Professional Credentials\*** as they relate to Vocational Rehabilitation (VR), similar type programs, and/or working with individuals with disabilities**:**

**\*NOTE:** Applicant must verify that staff meet the established qualification criteria in the DVR Technical Specifications (**see Resource tab**: <https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/>). Applicant must review the qualification criteria and indicate within this response which certifications and/or credentials make the Applicant and/or their staff eligible to provide the services under the DVR Service Agreement. **Failure to provide this information will prohibit an Applicant and/or their staff from providing the service until certification and/or credentials are provided to and approved by DVR.**  |
| 1. Applicant will only provide services within the counties identified in the DVR Service Agreement i.e., Customized Employment, Individualized Placement and Support (IPS), Internship/Temporary Work (I/TW), Job and Task Analysis and Systematic Instruction, Job Preparation, Development, Hire, and Retention, Student Work Based Learning Services, Supported Employment, Vocational Evaluation, and/or Work Incentive Benefits Services. (**RFA Notice 4.1.2**)
 | [ ]  Yes [ ]  No |
| If "Yes," you ***must*** indicate the following: 1. The county/counties you intend to serve:

1. The services you intend to provide by county/counties:

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| 1. Applicant will store all consumer information in the United States. (**RFA Notice 4.1.3**)
 | [ ]  Yes [ ]  No |
| 1. Applicant and all staff meet the criteria described in **RFA Notice 4.1.4** and have no personal, professional, financial interest, or relationship that could impair their ability to act impartially and in the best interest of the DVR consumer and DVR program. (**RFA Notice 4.1.4**). **Select "Yes" if you and your staff meet the criteria; "No" if you and your staff do not.**
 | [ ]  Yes [ ]  No |
| 1. Applicant agrees to perform required background checks on their staff and agrees to follow DVR's criminal background check policy. (**RFA Notice 4.1.5**)
 | [ ]  Yes [ ]  No |

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| **Section 4.2****Scope of Work Expectations** |
| 1. Applicant understands and agrees to meet the Scope of Work Expectations outlined in (**RFA Notice 4.2**)
 | [ ]  Yes [ ]  No |
| If "Yes," you ***must*** complete the following: 1. **APPLIES ONLY TO AN AGENCY WITH MULTIPLE STAFF:**
2. Describe your agency's training plan for reviewing the DVR Technical Specifications Training videos (<https://dwd.wisconsin.gov/dvr/service-providers/training/>) **AND** the DVR Technical Specifications related materials i.e., the About tab, Service Details, Fee Schedule, and Reports/Forms at: [https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/\*](https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/%2A) for each of the services **You and Your Staff** intend to provide to DVR consumers. **In your response, include the following**:
* The name(s) of the individual(s) that will develop and monitor the training plan, their position/role within the agency, their credentials and/or experience in vocational rehabilitation:
* The type of engagement activities **You and Your Staff** will participate in e.g., individual and/or team discussions to review materials, case examples, role play, etc.:
* How your agency will track staff training completion:

**APPLIES ONLY TO A SINGLE PERSON AGENCY:** Describe your plan for reviewing the DVR Technical Specifications content identified in **6Ai** prior to working with DVR consumers and staff:  1. **APPLIES ONLY TO AN AGENCY WITH MULTIPLE STAFF**: Describe your agency's plan to evaluate and ensure that **You and Your Staff** understand the DVR Technical Specifications content included in **6Ai** prior to working with DVR consumers and staff. **In your response, include the following**:
* The type of evaluation activities your agency will conduct e.g., verbal and/or written tests, other type of assessments, etc.:
* How changes to the DVR Technical Specifications will be communicated to staff and how your agency will ensure staff understand the changes:

**APPLIES ONLY TO A SINGLE PERSON AGENCY**: Describe the following: * How you will ensure your understanding of the DVR Technical Specifications content included in **6Ai** prior to working with DVR consumers and staff e.g., using prior knowledge/experience, drawing inferences, etc.:
* How you will comply with any changes to the DVR Technical Specifications:

\***Please Note:** the training videos referenced in **6Ai** are not intended to cover all of the technical specification service and reporting requirements. In order to fully understand DVR requirements, an Applicant and staff (if applicable) must view the technical specification content detailed at the second link included in section (**6Ai**) (<https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/>) 1. **APPLIES TO ALL APPLICANTS**: **(Applicants are strongly encouraged to view all DVR related materials referenced above in 6Ai prior to completing sections 6Bi-vi). Responses must correspond with the DVR program and demonstrate an ability to adhere to DVR's service and reporting requirements as defined in the DVR Technical Specifications. Please respond to the following:**
2. Describe your agency's strategies for establishing and maintaining services with DVR consumers **AND** how your agency will assess a DVR consumer's progress towards achieving their employment goal(s):
3. Identify the information specific to the DVR program that your agency will use to ensure that services are consistent with a DVR consumer's interests, needs, and employment goals:
4. Describe your agency's strategies for collaborating with DVR staff to assess DVR consumer service progress:
5. Describe your agency's strategies for monitoring ***services*** for timeliness and completion of deliverables **according to the DVR Technical Specification service requirements** (**See About tab, Service Details, and Fee Schedule at:** [**https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/**](https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/)) :
6. Describe your agency's strategies for monitoring ***reporting*** for timeliness and completion of deliverables **according to the DVR Technical Specification reporting requirements**: (**See About tab, Service Details, Fee Schedule, and Reports/Forms at:** [**https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/**](https://dwd.wisconsin.gov/dvr/service-providers/tech-specs/)):
7. Identify the internal controls that will be used by your agency to ***verify that invoices submitted to DVR for payment*** are an accurate reflection of the service delivered e.g., verify timesheets match the hours invoiced for services delivered:
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| **Section 4.3** **General Requirements**  |
| 1. Applicant ***must*** have at least one year of experience working with individuals with disabilities and barriers to employment. (**RFA Notice 4.3.1**)
 | [ ]  Yes [ ]  No |
| If "Yes," you ***must*** indicate how many years of experience **You** (Agreement Administration Contact) have and identify any skillsets or specific experience related to working with people with disabilities including: sign language, Braille, ADA policies, employer accommodations, self-employment, and/or augmented communication:  |
| If "No," you ***must*** provide a written response explaining how the requirement will be met prior to the service agreement start date:  |
| 1. The Applicant ***must*** have access to accessible, confidential meeting space that is readily available to **YOU AND YOUR STAFF** to serve DVR Consumers. (**RFA Notice 4.3.2**)
 | [ ]  Yes [ ]  No |
| If "Yes," please describe where meetings will take place ***within each region(s)*** (as you identified in **Question 2(b)**) when meeting one on one with a DVR consumer outside of a DVR office. *Locations can include an Applicant's office, local job centers, libraries, community centers, Senior Centers, Aging and Disability Resource Center (ADRC) technical college campuses, University of Wisconsin campuses, University of Wisconsin-Extension and other regional and local community-based organizations*. Response ***must*** include a description of the following: 1. **Where** **You and YOUR STAFF** will meet with DVR consumers ***within each region(s)*** including the ***physical address*** of each location:
2. **How** the location(s) ***within each region(s)*** meets ADA requirements for accessibility (i.e. describe the features that make these location(s) ADA compliant). For information about ADA Accessibility Standards please visit: <https://www.access-board.gov/ada/>:
3. **How** the location(s) ***within each region(s)*** is private and confidential. Describe the features that make the location(s) private and the provisions in place to insure confidentiality for scheduled meetings:
4. **How** the location(s) ***within each region(s)*** is readily available to **You and YOUR STAFF** to serve DVR consumers. For locations other than your place of business, explain the process for reserving meeting space, hours of operation, and how often this space is available to you:
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| If "No," you ***must*** provide a written response explaining how the requirement will be met prior to the service agreement start date:  |
| 1. The Applicant will provide all equipment necessary for providing the requested services to DVR consumers; including, but not limited to own office equipment (e.g., telephones, supplies, etc.) insurance, advertising and promotional materials, utilities.). (**RFA Notice 4.3.3**)
 | [ ]  Yes [ ]  No |
| If "No," you ***must*** provide a written response explaining how the requirement will be met prior to the service agreement start date:  |
| 1. Applicant will adhere to the IT security standards and requirements identified in **RFA Notice 4.3.4**.
 | [ ]  Yes [ ]  No |
| If "No," you ***must*** provide a written response explaining how the requirement will be met prior to the service agreement start date:  |
| 1. Applicant agrees to maintain commercial liability, bodily injury, and property damage insurance as stated in the DVR Service Agreement. (**RFA Notice 4.3.5**)
 | [ ]  Yes [ ]  No |
| If "No," you ***must*** provide a written response explaining how the requirement will be met prior to the service agreement start date:  |