



Dear Prospective Vendor:

This application is for those who provide Specialized Medical Equipment (SME), Specialized Medical Supplies (SMS), and Environmental Accessibility Adaptations (EAA) desiring to conduct business with the Alabama Department of Mental Health Division of Developmental Disabilities (ADMH/DDD). Please download the application and complete entirely. Please read carefully the certifications of compliance that are attached and sign where indicated. Any applicable certifications, professional license must accompany the application. The application should be returned to:

Director of System Management, ADMH/DD Division  
RSA Union Building  
100 N. Union Street  
PO Box 301410  
Montgomery, AL 36130-1410

Any incomplete application will be returned for completion. You will be notified by ADMH/DD Division once your name has been placed on the provider list and you will receive additional information regarding service delivery requirements. Placement on the list does not authorize you to initiate services. Your company can begin services only after receipt of specific authorization requesting services by one of our waiver participant's case manager. The authorization should give the services requested, the date coverage begins and the amount of money authorized to provide services. Service provided prior to receipt of the authorization will not be reimbursed.

Please contact [karen.coffey@mh.alabama.gov](mailto:karen.coffey@mh.alabama.gov) or 334-242-3719 if you have questions.

Sincerely,

Jeff Williams,  
Acting Associate Commissioner  
ADMH/DD Division



NON-MEDICAL VENDOR APPLICATION  
\*\*\*For DME, SMS and EAA Providers Only\*\*\*

In order to become an approved vendor with the Alabama Department of Mental Health, Division of Developmental Disabilities, please complete the applicable sections and return to the address listed below.

COMPANY NAME

BUSINESS LICENSE NUMBER

ADDRESS

SERVICE CATEGORY

CITY, STATE COUNTY ZIP CODE

FEDERAL ID NO./SOCIAL SECURITY NO.

TELEPHONE NUMBER

NPI NUMBER

FAX NUMBER E-MAIL ADDRESS

MEDICAID PAYEE

NAME OF COMPANY REP.

SIGNATURE OF COMPANY REP.

Please circle the appropriate boxes which describes controlling interest of Company:

- American Indian/Alaskan Native-Owned
- Asian-Owned
- Black/African American-Owned
- Hispanic/Latino-Owned
- Native Hawaiian/Pacific Islander-Owned
- White Owned
- Woman Owned
- Male Owned

FOR ADMH USE ONLY

Certification Representative Date

Regional Director Date

Reason for Request:

State Office Approval: Date

09.12.2018

**CERTIFICATION REGARDING  
DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION  
LOWER TIER COVERED TRANSACTIONS**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, Section 85.510, Participants' responsibilities. The regulations were published as Part VII of the May 25, 1988, Federal Register (pages 19160-19211). Copies of the regulations may be obtained by contacting the person to which this proposal is submitted.

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**INSTRUCTIONS FOR CERTIFICATION**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
  2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
  3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
  4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "persons", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
  5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
  6. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower Tier Covered Transactions", without modification, in all lower tier covered transaction and in all solicitations for lower tier covered transactions.
  7. A participant in a covered may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
  8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
  9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspensions and/or debarment.
- A. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
- B. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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**ORGANIZATION NAME**

**PR/AWARD NUMBER OR PROJECT NAME**

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**NAME AND TITLE OF AUTHORIZED REPRESENTATIVE**

**SIGNATURE AND DATE**

**ASSURANCE OF COMPLIANCE WITH ALL FEDERAL STATUTES  
RELATING TO NONDISCRIMINATION**

\_\_\_\_\_ (hereinafter called "Applicant") hereby agrees that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title XI of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age. No person in the United States shall, on the ground of race, color, sex, disability, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and **HEREBY GIVES ASSURANCE THAT** it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose involving the provision of similar services or benefits. If any personal property is so provided, the assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

**Applicant:** \_\_\_\_\_

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

\_\_\_\_\_  
(President, Chairman of Board or comparable Authorized Official)

\_\_\_\_\_  
**Applicant's Mailing Address**

**CERTIFICATE OF COMPLIANCE WITH DRUG-FREE  
WORKPLACE REQUIREMENTS**

\_\_\_\_\_ (hereinafter called "Applicant") hereby agrees that it will or will continue to provide a drug-free workplace by: Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition. Applicant further agrees that they have established an ongoing drug-free awareness program that informs employees about the dangers of drug abuse in the workplace; about maintaining a drug-free workplace; about available drug counseling, rehabilitation, and employee assistance programs; and about the penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

Applicant agrees to make it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement requiring that, as a condition of employment under the grant, the employee will—

- (1) Abide by the terms of the statement, and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

Applicant agrees to notify the agency in writing, within ten calendar days after receiving notice from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the State agency has designed a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant.

Applicant agrees to take one of the following actions, within 30 calendar days of receiving notice with respect to any employee who is so convicted—

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

Applicant agrees to make a good faith effort to continue to maintain a drug-free workplace.

**Applicant:** \_\_\_\_\_

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

\_\_\_\_\_  
**(President, Chairman of Board or comparable Authorized Official)**

\_\_\_\_\_  
**Applicant's Mailing Address**

\_\_\_\_\_  
The Applicant may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant to include street address, city, county, State, zip code:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE WITH DRUG-FREE  
WORKPLACE REQUIREMENTS**

Applicant agrees that he/she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant.

Applicant further agrees that if he/she is convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he/she will report the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

**Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
(President, Chairman of Board or comparable Authorized Official)

\_\_\_\_\_  
**Applicant's Mailing Address**

\_\_\_\_\_

**ASSURANCE OF REGISTRATION WITH ALABAMA DEPARTMENT OF REVENUE**

The contractor or vendor applicant to become a contractor or vendor applicant certifies that it is not barred from entering into a contract due to its failure to adhere to Alabama law by registering with the Alabama Department of Revenue and this contractor or vendor application may be declared void if such certification is shown to be false.

\_\_\_\_\_ Date \_\_\_\_\_

**Contractor/Vendor Applicant**



**I (vendor/contractor) attest that neither the vendor/contractor nor any of the vendor's/contractor's trustees, officers, directors, agents, servants or employees is a current employee of the Department, and none of the same individuals have been employees of the Department in violation of the revolving door prohibitions contained in the State of Alabama ethics laws. If any person involved in any way with the business relationship between vendor/contractor and the Department was employed with the Department within the last two years prior to the date of this application/contract, vendor/contractor has attached an opinion of the Alabama Ethics Commission indicating that the activity to be engaged in is not in violation of the Ethics Law.**

\_\_\_\_\_Date\_\_\_\_\_

**Signature of Vendor**

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**Name of Company**

**IMMIGRATION STATUS**

**I hereby attest that all workers on this project are either citizens of the United States or are in a proper and legal immigration status that authorizes them to be employed for pay within the United States.**

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**Signature of Business Representative**

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**Witness**

# Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.