

Attachment 1 – Application



Important: You must complete a separate application for each site that has a different physical address or primary outreach contact.

1. Type of application:	<input type="checkbox"/> New application <input type="checkbox"/> Application renewal – AA code:
2. Organization Information: <i>OHA will send checks to the mailing address.</i>	
Organization Name	_____
Physical address	_____
Mailing address	_____
City, State, Zip	_____
County	_____
Phone	_____
Fax	_____
Web. Site address	_____
Secretary of State #	_____
Tax ID #	_____
3. Organization's Contract Administrator:	
Name	_____
Title	_____
Phone	_____
E-mail address	_____
4. Primary Outreach Contact:	
Name	_____
Title	_____
Phone	_____
E-mail address	_____
5. Hours of operation: <i>These are the hours you are available to help families complete applications.</i>	
Sunday	_____
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____
Saturday	_____
By appointment <input type="checkbox"/>	Appointment phone: _____

6. Translator/Interpreter:

Tell us if your organization has staff that can translate or interpret languages other than English. Check all that apply.

- None
- Spanish
- Russian
- Vietnamese
- Chinese
- Braille
- Sign Language
- Other:

7. Information posted on OHA Web site:

Unless you check "no", the information you listed in question 2, 4, 5 and 6 will be posted on the OHA Healthy Kids Web site.

- No. Do not post our information on the OHA Healthy Kids Web site.

8. Type of Organization:

Please choose the one that best describes your organization.

- Advocacy Group
- Day Care Provider (licensed or registered)
- Insurance Agency
- Faith-based organization
- Financial service organization
- Fraternal/service organization
- Food bank
- Minority organization
- Tribal organization
- Managed care organization
- Medical care provider
- Other:
- Governmental
 - Education Service District (ESD)
 - Head Start
 - School
- Other Governmental:

9. Health Service Providers:

Does your organization or any of its affiliates provide health care services? Examples include managed care plans, insurance companies and health departments.

- Yes
- No

If Yes, please explain:

10. Region – *What region or area of the state do you intend to serve? Please be as specific as possible.*

Note: *OHA is not accepting applications that serve Washington, Multnomah or Marion Counties.*

<p>11. a. Insurance Requirements : <i>Does your organization comply with the Commercial General Liability insurance requirement as stated in Exhibit C of the Sample Contract?</i></p>	<p><input type="checkbox"/> Yes, we currently meet the Commercial General Liability insurance requirement. <input type="checkbox"/> Does not currently have the GL insurance and will meet that requirement prior to Contract award.</p>
<p>11. b. Insurance Requirements : <i>Does your organization comply with the Auto insurance requirement as stated in Exhibit C of the Sample Contract? – (Note: if you will not be traveling to assist families we may waive the auto insurance requirements; simply mark the appropriate box to the right).</i></p>	<p><input type="checkbox"/> Yes, we currently have the required Auto insurance, or will have at the time of contract award. <input type="checkbox"/> Does not have Auto insurance and will not travel to assist Applicants for Healthy Kids services and will be fully responsible for any waiver OHA allows.</p>
<p>12. Volunteer CAAO : <i>Does your organization receive Medicaid or other grant funds for similar outreach efforts? (Note: if your organization already receives Medicaid funds or outreach grant funds, it may only contract as a Volunteer CAAO and cannot receive compensation).</i></p>	<p><input type="checkbox"/> No, this organization does not receive Outreach, Medicaid or similar grant funds. <input type="checkbox"/> Yes, this organization is a Volunteer CAAO.</p>
<p><u>Organization/Applicant’s Contract Administrator’s Signature:</u> _____</p>	
<p><u>Date</u> _____</p>	

Applicants must meet the Minimum Qualifications, as described in the RFA Section 2.

Applicants must comply with the RFA and submit the following (per RFA Section 5) for its application to be considered:

- **Submit this completed Application** (3 pages, signed and dated);
- **Submit a completed Internal Revenue Service form W-9** “Request for Taxpayer Identification and Certification” (per RFA Section 5.1.3). This form can be found on the IRS website: www.IRS.gov; and
- The applicant organization must be actively registered with the Oregon Secretary of State, and a “responsible proposer” (per RFA Section 2.1).

Submit RFA application and supporting documents to:
Perry DeJoode, Healthy Kids Program Coordinator or delegate
Oregon Health Authority
Office of Healthy Kids
500 Summer St. NE E-49
Salem, Oregon 97301
Phone: 503.945.6525
Fax: 503.945-6871
Email: perry.b.dejoode@state.or.us

If you have not done so already, please **register for Application Assistance Training**. For a list of upcoming trainings and directions on registering please visit the Healthy Kids website: <http://www.oregonhealthykids.gov/partners/training.html> For any questions regarding trainings please call our outreach coordinators listed on the training web site.