



Procurement Services

Dear Applicant,

Thank you for your interest in doing business with Claratel Behavioral Health. The Bidder List is used to develop a mailing list for Request of Quotations (RFQ), Request for Proposals (RFP), Request for Information (RFI) and Request for Qualified Contractors (RFQC). This package includes information helpful in successfully completing your application (s), including:

- Claratel Behavioral Health Bidder's List Application
- Detailed instructions for the completion of the application
- The National Institute of Governmental Purchasing (NIGP) Commodity & Services Code

Index After you have completed the application (s) for your company, return it

to: Claratel Behavioral Health Procurement Services
445 Winn Way
4th Floor
Decatur, Georgia 30030

Or

Claratel Behavioral Health Procurement Services
P.O. Box 1648
Decatur, Georgia 30031

Please retain a copy of the application (s) for your records. If your company changes its address, phone number, contact information or commodity information, you must notify DClaratel Behavioral Health. You may do so by emailing teiresj@claratel.org copy of your old information and new information. We value the participation of all interested vendors in Claratel Behavioral Health competitive bidding system and encourage all vendors to register with the State of Georgia Procurement Registry.

Respectfully,

Teiresias Jones, MBA
Budget/Procurement Director
Office: 404-508-7728
teiresj@claratel.org



VENDOR APPLICATION

TYPE OR PRINT IN INK ~ COMPLETE EACH SECTION

Initial Application

Revision

SECTION I:	SECTION II:
Federal Employer ID Number:	Company Name and Address:
Social Security Number:	Street Number and Name
E-Verify Number:	City State Zip

SECTION III:	SECTION IV:
Previous Company Name and Address:	Mail Bid Request to:
Street or PO Box:	Street or PO Box:
City State Zip	City State Zip

SECTION V:	
Category: (In addition to selecting a category below, also see NIGP list for category of services. Indicate the service(s) you provide by marking them on the list.)	
<input type="checkbox"/> Manufacturer or Producer	<input type="checkbox"/> Retail Merchant
<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Service Establishment
<input type="checkbox"/> Authorized Dealer	<input type="checkbox"/> Professional Services

SECTION VI:	SECTION VII:
Primary Business	Organized as: (Select one)
<input type="checkbox"/> Construction Firm	<input type="checkbox"/> Individual
<input type="checkbox"/> Authorized Dealer	<input type="checkbox"/> Partnership
<input type="checkbox"/> Service Firm	<input type="checkbox"/> Corporation
<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Limited Liability Corp.

SECTION VIII:	SECTION IX:
Primary Company Contact Person	Commodity / Service Information
Name:	Principal Line of Business:
	a)
Title:	b)
	c)



Telephone:	Is this product manufactured in Georgia?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fax:	Estimated On-Hand Inventory Value:
	\$
Toll Free Number:	Does your company have internet access?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Web Address:	

SECTION X:			
Name of Owner, Member of Board, Partners, or Corporation			
Name:		Name:	
Title:		Title:	
Phone:		Phone:	

SECTION XI:			
Name and Title of persons authorized to sign bid(s) and contract(s). This must be kept current			
Name:		Name:	
Title:		Title:	
Phone:		Phone:	

SECTION XII:	
Do you wish to bid on DeKalb Community Service Board Contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION XIII:
Commodity Code Selection List. Select the 3-Digit Subclass title that contains the products and/or services that you wish to bid on when available. The listing is Alpha/Numeric; please select ONLY the ones that your company is directly a provider for. If prior application is on file and you wish to correct or update that application, enter the codes that are applicable followed by "A" for add and "D" for delete in the appropriate column.

SECTION XIV:		
Applicant's Statement I, the undersigned, hereby certify that the above and foregoing information is a full, true and correct statement of facts, and subject to the Open Records Act of Georgia.		
Signature of Person Authorized to Sign this Application	Title	Date

Return Application to: Claratel Behavioral Health Procurement Services
 PO Box 1468
 Decatur, Georgia 30031

445 Winn Way
 4th Floor
 Decatur, Georgia 30030



**(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)
CERTIFICATE OF NON-COLLUSION**

By responding to this solicitation, the supplier understands and agrees to the following:

1. That the submitted response constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the State Entity; and
2. That the supplier has read the specifications and requirements shown or referenced in the solicitation and that the supplier's response is made in accordance with the provisions of such specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all such stated specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
4. That, if awarded a contract, the supplier will deliver goods and/or services that meet or exceed the specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
5. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days (or such other time period as identified in the solicitation)** from the final solicitation closing date and that the response may be held open for an additional period of time subject to the supplier's consent; and
6. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. The supplier understands and agrees that collusive bidding is a violation of state and federal law and can, result in fines, prison sentences, and civil damage awards; and
7. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

DO NOT MODIFY **THE** BID/PROPOSAL CERTIFICATION TERMS IN ANY WAY.
THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR RESPONSE.

Contractor's Full Legal Name: (PLEASE TYPE OR PRINT)	
Authorized Signature:	
Printed Name and Title of Person Signing:	
Date:	
Company Address:	
FAX Number:	
Email Address:	
*This table must be completed in its entirety by the supplier.	