

CRS RFP 2024
ATTACHMENT 1-G
Individual Services Form

Assistive Technology/Rehabilitation Technology Services

COMPLETE ONLY IF YOU ARE APPLYING TO DELIVER SERVICES IN THE **ASSISTIVE TECHNOLOGY/REHABILITATION TECHNOLOGY** CATEGORY
(Please see CRS RFP 2024 for a description of each service)

Legal Name of Provider Organization or Individual:

Please check each of the ACCES-VR District Offices where you have capacity to provide these services:

- | | | |
|---------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Albany District Office | <input type="checkbox"/> Bronx District Office | <input type="checkbox"/> Brooklyn District Office |
| <input type="checkbox"/> Buffalo District Office | <input type="checkbox"/> Hauppauge District Office | <input type="checkbox"/> Garden City District Office |
| <input type="checkbox"/> Malone District Office | <input type="checkbox"/> Manhattan District Office | <input type="checkbox"/> Mid-Hudson District Office |
| <input type="checkbox"/> Queens District Office | <input type="checkbox"/> Rochester District Office | <input type="checkbox"/> Southern Tier District Office |
| <input type="checkbox"/> Syracuse District Office | <input type="checkbox"/> Utica District Office | <input type="checkbox"/> White Plains District Office |

A regional breakout by district office can be found in Appendix I of the RFP

Complete Attachment 2: Capacity Summary to indicate how many units you can provide for each service. Reference the RFP for unit description.

Please complete the sections below for each service you/your organization can provide. Reference the RFP for Service Descriptions.

You must include the resume of each staff member who meets the qualifications and will provide these services. Indicate on each resume which service(s) the staff member is qualified to provide.

Applicant Name:

Assistive Technology/Rehabilitation Technology Evaluation: (165X)

1. Can you/your organization provide this service as outlined in the RFP?
 Yes No
2. Describe how you would provide this service.

3. Do your staff meet the required staffing qualifications as outlined in the RFP? (Provide resumes of all current staff) If not, what is your staffing plan to acquire staff to meet these requirements?
 Yes No
If no, explain staffing plan including job description

4. Are you/your staff capable of handling the number of units you are requesting on Attachment 2: Capacity Summary? If not, what is your staffing plan to meet that requested capacity?
 Yes No
If no, explain staffing plan including job description

Assistive Technology/Rehabilitation Technology Training: (167X)

1. Can you/your organization provide this service as outlined in the RFP?
 Yes No
2. Describe how you would provide this service.

3. Do your staff meet the required staffing qualifications as outlined in the RFP? (Provide resumes of all current staff) If not, what is your staffing plan to acquire staff to meet these requirements?
 Yes No
If no, explain staffing plan including job description

4. Are you/your staff capable of handling the number of units you are requesting on Attachment 2: Capacity Summary? If not, what is your staffing plan to meet that requested capacity?
 Yes No
If no, explain staffing plan including job description

Reminder: You must include the resume of each staff member who meets the qualifications and will provide these services. Please indicate on each resume which service(s) the staff member is qualified to provide.

Bidder Contact Information:

Contact Person for these Services:

Phone Number of Contact Person:

E-Mail Address of Contact Person: