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:

|  |  |  |
| --- | --- | --- |
| **Albany District Office** | **Bronx District Office** | **Brooklyn District Office** |
| **Buffalo District Office** | **Hauppauge District Office** | **Garden City District Office** |
| **Malone District Office** | **Manhattan District Office** | **Mid-Hudson District Office** |
| **Queens District Office** | **Rochester District Office** | **Southern Tier District Office** |
| **Syracuse District Office** | **Utica District Office** | **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.**

#### Assistive Technology/Rehabilitation Technology Evaluation: (165X)

1. Can you/your organization provide this service as outlined in the RFP?

Yes  No

1. Describe how you would provide this service.
2. 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

1. 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

1. Describe how you would provide this service.
2. 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

1. 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: