### CRS RFP 2024

ATTACHMENT 1-I

Individual Service Form

### Individual Service Form

### Adjunct Services

COMPLETE ONLY IF YOU ARE APPLYING TO DELIVER

SERVICES IN THE **ADJUNCT SERVICES** CATEGORY

*(Please see CRS RFP 2024 for a description of each service)*

Legal Name of Provider Organization or Individual:

Click or tap here to enter text.

Please check each of the ACCES-VR District Offices that you would like to have purchase 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.**

#### Vendor Travel for Provision of CRS services: (142X)

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

[ ]  Yes [ ]  No

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

#### Coaching Supports for Post-Secondary Education, Internship or Other Activities in Pursuit of Employment Goals: (790X)

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

#### Coaching and Communication Supports for Post-Secondary Education and Employment: (792X)

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

#### Mobility Services: (Case Service Code Plus Suffix “M”)

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

#### Transportation I: (Case Service Code Plus Suffix “V”)

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

#### Transportation II: (Case Service Code Plus Suffix “T”)

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: