

IN ORDER TO DO ANY WORK FOR ACCORD, YOU ARE REQUIRED TO CARRY LIABILITY AND WORKERS' COMPENSATION INSURANCE.

PART IV - FINANCIAL INFORMATION

Name, address of bank/lending institution your company deals with regularly_____

List below a minimum of four (4) vendors the company conducts business with: **List name, address (include town) and phone number.**

- 1)_____
- 2)_____
- 3)_____
- 4)_____

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**PART V - REFERENCES**

Please list below a minimum of four (4) individuals, commercial establishments, etc. that your company has provided services for within the past two (2) years. List names, addresses, and phone numbers, as well as the type of services you provided. Attach additional sheet as needed.

**List names, addresses, and phone numbers:**

- 1)\_\_\_\_\_
- 2)\_\_\_\_\_
- 3)\_\_\_\_\_
- 4)\_\_\_\_\_

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PART VI - ADDITIONAL INFORMATION/QUESTIONS

Please read carefully and answer appropriately.

- 1) Has your firm ever worked for any other governmental agency, either local, state, or federal? _____
If yes, please provide details:_____
- 2) Have you ever provided service to ACCORD Corporation before?_____ If yes, please give details._____
- 3) Do you currently, or are you willing to, employ individuals who are considered to be minorities? _____
If yes, how many?_____
- 4) Does your firm participate in any type of job training program such as PIC, JTPA, etc.? _____
If yes, please list._____
- 5) If given approved status, would a representative of your company be available to attend any state-mandated trainings, conferences, seminars, etc., as needed?_____

6) Does your company have access to legal representation if necessary?_____

7) Minority/Female Enterprise?_____

I hereby attest that the information supplied in this application is true and factual to the best of my knowledge and consent to have any and all information verified by ACCORD Corporation and recognize and acknowledge that the agency maintains the right to remove me from their approved list without notice as a result of providing false information on this application.

I hereby attest that I have the required Liability and Compensation Insurance, both of which are mandatory. It is ACCORD's policy that all Contractors carry the Compensation Insurance. I also, have enclosed a copy of my insurance certificate(s), showing both insurances.

I understand and acknowledge that, if selected to provide services, my company shall perform rehabilitation work in accordance with obligations, regulations, and policies outlined in a certain contract agreement I will sign with ACCORD Corporation.

I also understand that ACCORD Corporation may, at their discretion, utilize as many contractors selected from their approved list as production needs dictate and that the awarding of approved status does not obligate the agency to select my company to provide services.

I also agree to comply fully with all applicable state and federal regulations, all Affirmative Action requirements and procedures and other policies that ACCORD Corporation is also subject to and understand that the agency maintains the right to alter, change, or modify any local project operating at its discretion as needed without notice.

Signature of Company Representative

Date

ACCORD CORPORATION USE ONLY

Application received

Date of Review

Approved Status: Granted _____ Denied _____

Reason(s) for rejection/denial:

Selected as a service provider _____
Date

ACCORD REP.