

Vendor's Name: _____

Valleywise Health Vendor Questionnaire

Please have an officer or person who is legally eligible to represent the Vendor firm fill out this form. Submittal of this Vendor Questionnaire with your bid or proposal is an attestation that the information in this Vendor Questionnaire and within your submittal documents are true and valid. Provide prompt notice to Valleywise Health if, at any time prior to contract award, any facts need to be corrected.

INSTRUCTIONS: **This is a mandatory form.** Submit this form with your response. Provide information to the extent information is available. If your response is incomplete or requires further description, Valleywise Health may request additional information within a specified deadline, or may determine the missing information is immaterial.

Vendor Information	
Vendor's Legal Name	
"Doing Business Name" (dba) if applicable	
Mailing Address	
Contact Person and Title	
Contact Person's Phone Number	
Contact Person's Fax Number	
Contact Person's E-Mail Address	
Dun & Bradstreet number (if available)	
Identify the City and State of your company headquarters	

Vendor Billing Contact Person: Identify the person who will prepare and manage your invoices. This helps Valleywise Health offer instructions that ensure your invoices are promptly paid.	
Person and Title	
Person's Phone Number	
Person's Fax Number	
Person's E-Mail Address	

Licenses	Specify yes or no.
Please provide the AZROC numbers your company currently holds;	
Do you understand your license must be and have been in good standings with the AZROC within the past three (3) years to be considered for a contract award?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company have a minimum of three (3) years successful experience in AZ, providing the services as stated within the SOW?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company ever been disciplined by the AZROC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your company agree to provide background checks at contractor's expense?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your company performed tenant improvement/construction work within a hospital environment for a minimum of one year? Work must have been performed within the past five years, work must be verifiable.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Ownership	
Is your firm a sole proprietorship, partnership, corporation, limited liability company, subsidiary, parent, holding company, or affiliate of another firm? If yes, identify type and name of principal(s).	
What year was your firm, under the present ownership configuration, founded?	
How many years has your firm been in continuous operation without interruption?	
What year did your firm begin providing, on a continuous basis, the types of services or products that are required from this solicitation?	
What is your primary line of business	
What are the total number of employees your company claims as actual employees	
Is your agency acting as the administrative agent for any other agency or organization? If yes, explain in detail.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any state or federal agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to your program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Financial Resources and Responsibility	Specify yes or no.
Within the previous five years has your firm been the debtor of a bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your firm in the process of or in negotiations toward being sold?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your firm been debarred or found non-responsible for contracting with any local, state, or federal governmental agency within the past 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Within the previous five years has a governmental or private entity terminated your firm's contract prior to contract completion for failed performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Within the previous five years has your firm used any subcontractor to perform work on a government contract when that subcontractor had been debarred by a governmental agency?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your organization have any uncorrected audit exceptions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any state or federal agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to your program?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Social Equity compliance	Specify yes or no.
Within the previous ten years has your firm been found to have violated any local, state, or federal anti-discrimination laws or regulations, whether they be local, state, or federal?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your firm ever been found by Valleywise Health or any government agency; to have underpaid your employees (this includes instances where you may have provided the restitution to make the worker whole)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Disputes	Specify yes or no.
Within the previous five years has your firm been the defendant in court on a matter related to: payment to subcontractors or contract work performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your firm have outstanding judgments pending against it?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Within the previous five years, was your firm assessed liquidated or consequential damages on a contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your firm presently involved in a dispute (including litigation) regarding its right to provide the product or service being requested by Valleywise Health for this contract, including but not limited to notice of and/or in litigation about patent infringement for the product and/or service that your firm is offering to Valleywise Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Fair Chance Employment Ordinance Compliance. Criminal convictions alone are not a basis for rejecting a proposal or individual. Valleywise Health may consider whether a conviction has material nexus to contract risks, and whether adjustments to work or assignments should be pursued accordingly. If background checks are needed for individuals who will perform work such as field crews, Valleywise Health reserves the right to require such background checks. .	Specify yes or no.
Within the previous five years, has your firm or any of its owners, partners, or officers, been assessed penalties or found to have violated any laws, rules, or regulations enforced or administered by a government entity? This does not include owners of stock in your firm if your firm is a publicly traded corporation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Within the past ten years, has any owner, principal, or officer who will perform any of the work for Valleywise Health been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If a license is required to perform, within the previous ten years has your firm or any principal, officer or employee who will perform work for Valleywise Health had a license suspended by a licensing agency or been found to have violated licensing laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If hazardous materials are within the work to be performed, has any principal, officer or employee who will perform work for Valleywise Health had violations of improper disposal of such materials or violations of associated laws, rules or regulations in the previous five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any other information Valleywise Health should be made aware of regarding your financial, criminal or legal history that has bearing on the work that Valleywise Health is considering you to perform? For example: conviction or civil judgement rendering against the firm for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government contract or subcontract; violation of federal or state antitrust or similar statutes, relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property, any present indictment for, or otherwise criminally or civilly charged by a government entity.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor has not paid, nor will pay, federal appropriated funds (including profit or fee received under a covered federal transaction), to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation. If the Offeror has engaged in any lobbying activities, the Offeror shall notify Valleywise Health and complete and submit, with its offer, OMB standard form LLL, Disclosure of Lobbying Activities.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vendor has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of competitive pricing in the preparation and submission of its Offer;	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has anyone in your organization, or has your organization, ever been restricted or, in any way sanctioned, or excluded from participation in any governmentally funded healthcare programs including, but not limited to Medicare or Medicaid/AHCCCS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any state or federal agency ever made a finding of non-compliance with any relevant civil rights requirement with respect to your program?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there ever been any felony convictions of any key personnel (i.e., Administrator, CEO, Financial Officers, major stockholders or those with controlling interest)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Valleywise Health is an ISO 9000 certified organization. It is important that Valleywise Health's suppliers also share the same value in quality commitment for their products and services. Does your organization have a quality management system (QMS) meeting the requirements of ISO 9001? If so, please briefly describe or provide a copy of your certificate.	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Involvement by Current and Former Valleywise Health Employees	Specify yes or no.
Are any of your company officers or employees a current or former Valleywise Health employee or volunteer? If yes, identify the employee name.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does Vendor (including officer, director, employee, trustee, or partner) have a business interest or a close family or domestic relationship with any Valleywise Health official, officer or employee who was, is, or will be involved in selection, negotiation, drafting, signing, administration or evaluation of the Vendor performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business History	Specify yes or no <small>yes or no.</small>
In the last five years, has your firm held other contracts with public agencies to provide similar products or services in a size and scope similar to that required by Valleywise Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you or your firm currently have or have held a contract similar in nature, the contract must be or have been or have been in good standings. If you have held a similar contract is it or was it in good standings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide and/or attach a listing of contracts you have held in the past five years, sufficient for Valleywise Health to understand the depth and breadth of your experience, with a particular emphasis on contracts with public health agencies. Valleywise Health may use this to assess your capability and experience at this particular type of product provision or service work. Specify the name/contact that can serve as a reference for each. <ul style="list-style-type: none"> If you have many such contracts, you can provide a brief summary. If you are a subsidiary of a national firm, summarize the contracts that represent your local office. Have you provided this information with your offer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proposal Expiration	Specify yes or no.
The Vendor understands that Offers are valid until Valleywise Health awards a Contract(s) or 180 days. The 180 days may be extended via an amendment if in the best interest of Valleywise Health.	Yes <input type="checkbox"/> No <input type="checkbox"/>

Business Certification	Specify yes or no.
Is your company a Minority Business Enterprise (MBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a Women Business Enterprise (WBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a Small Business Enterprise (SBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a Disadvantaged Business Enterprise (DBE)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a women-owned small businesses (WOSB)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a service-disabled veteran-owned small businesses (SDVOSB)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your company a native American business?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If your company is claiming it is a small business, it is compliant with the most current federal guidelines for a small business (reference The small business size standards are available at http://www.sba.gov/size).	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Emergency Contact Information Certain contract products or services may be valuable during a 24-hour emergency. If you have alternative contact information for emergency response during non-business hours, please provide below.	
Contact Name	
Emergency Phone Number	
Back-up Emergency Phone Number	
If your company has locations outside Phoenix, AZ. that can be called upon in an emergency for these products or services, (List location)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Dart Rating	
What is your company’s current DART rating?	

Printed Name of Authorized Individual

Name of Submitting Organization

Signature of Authorized Individual

Date