Cal-ATSD Supplier Directory Application

The information on this application will be posted on the California Assistive Technologies, Services, and Devices (Cal-ATSD)

Supplier Directory which is available for public viewing. Cal-ATSD suppliers must notify DOR at [SupplierDirectory@dor.ca.gov](mailto:SupplierDirectory@dor.ca.gov) immediately of any changes to the information submitted on this application.

*\* Designates a required field*

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| **PART I: Supplier Information** | | | | | | | |
| \* **Supplier Name:** | |  | | | | | |
| \***Address, City, State, Zip:** | | |  | | | | |
| \***Telephone Number:** | |  | | | \***Fax Number:** | |  |
| \***Email Address:** | |  | | | | | |
| \***Contact Name:** | |  | | \***Seller Permit Number:** (Complete if  supplier will be selling products) | | |  |
| **Website Address:** | |  | | | | \* **Federal Tax ID:** |  |
| **Certifications:** (California-Certified only) | | Small Business (SB)  Disabled Veteran Business Enterprise (DVBE)  Micro Business (MB) | | | | **Certification Number:** |  |
| **PART II: Products and Services** | | | | | | | | |
| **A.** \***Acquisition Type:** *(Check all that apply)* | | | | | | | | |
| The Supplier offers the following to be listed on the Cal-ATSD Supplier Directory:  Services  Products *(Provide Retailer Seller Permit information in Part I)* | | | | | | | | |
| **B.** \***Type of Disabilities Served and Products and Services Offered:** *(Check all that apply)* | | | | | | | | |
| **Deaf and Hard of Hearing**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Interpreting and Referral Services  Assessments/Evaluations (specify):    **Speech or Language**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Assessments/Evaluations (specify):    **Physical/Orthopedic/Ergonomic**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Specialty Services  JAWS scripting  Software Programming  Dragon Scripting  Equipment Design  Other (specify):  Assessments/Evaluations (specify): | | | | **Low Vision/Blind**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Assessments/Evaluations (specify):    **Deaf-Blind**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Interpreting and Referral Services  Assessments/Evaluations (specify):    **Learning or Intellectual, Brain Injuries**  Sales of assistive technology products and related equipment  System Configuration and Setup  Technical Support  Training  Assessments/Evaluations (specify):    **Rental of Accessible Vehicles**  Other (specify): | | | | |
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| **PART III:** **Conflict of Interest Disclosures:** *(Check all that apply)*  *Applies to vendors that will be providing assistive technology assessments. Prior to completing Part III, applicants must review the document ‘*[*Department of Rehabilitation Guidelines for Procuring Assistive Technologies Goods and Services*](https://www.dor.ca.gov/CAL-ATSD/resources/DOR%20Guidelines%20for%20Procuring%20AT%20Goods%20and%20Services.docx)*.’* | | | | | | | | |
|  | Our organization provides assistive technology evaluation services. | | | | | | | |
|  | Our organization charges for the evaluations we conduct. | | | | | | | |
|  | Our organization sells PRODUCTS which may be recommended through an evaluation we conduct. | | | | | | | |
|  | Our organization sells SERVICES which may be recommended through an evaluation we conduct. | | | | | | | |
|  | Our organization may benefit indirectly (borrowing equipment, discounts, not-for-resale software, etc.) from relationships with organizations that sell PRODUCTS we recommend in an evaluation. | | | | | | | |
|  | Our organization may benefit indirectly (borrowing equipment, discounts, not-for-resale software, etc.) from relationships with organizations that sell SERVICES we recommend in an evaluation. | | | | | | | |
|  | Our organization may receive direct monetary compensation (finder’s fees, financial donations, in-kind donations, etc.) from organizations that sell PRODUCTS we recommend in an evaluation. | | | | | | | |
|  | Our organization may receive direct monetary compensation (finder’s fees, financial donations, in-kind donations, etc.) from organizations that sell SERVICES we recommend in an evaluation.  None of these apply. | | | | | | | |
| \***Narrative -** *If applicable, explain any possible financial conflicts of interest* | | | | | | | | |
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| \***PART IV:** **Narrative -** *Briefly (in no more than 250 words) describe your company’s products and services and/or your experience in relation to working with individuals with disabilities* | | | | | | | | |
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| **PART V: \*Certification Statement** | | | |
| *By checking this box, your company acknowledges that the person indicated below is an authorized representative for your company and the information provided is true and accurate under penalty of perjury.* | | | |
| \***Name/Title:** |  | | |
| \***Signature:** |  | **Date:** |  |

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| **PART VI: Administrative Approval** | | | | | |
| **Analyst Name:** |  | | **Date Received:** | |  |
| **Action:** | Approved  Denied | **Administrative Approval Date** |  | | |
| **Signature:** |  | | | **Date:** |  |
| **Comments/Notes:** | | | | | |
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**SUBMITTAL INSTRUCTIONS:**

Return the following completed application documents to the DOR SupplierDirectory.ca.gov via email.

Completed Application Form

Completed Payee Data Record (STD. 204) All suppliers must have a completed STD 204 on file with the Cal-ATSD Supplier Directory Administrator. The form is available at <http://www.documents.dgs.ca.gov/dgs/fmc/pdf/std204.pdf>

Copy of Seller’s Permit (if applicable). All Suppliers providing tangible property must provide a copy of their California Seller’s Permit issued by the California Department of Tax and Fee Administration (CDTFA). For more information on California Seller’s Permits, see the CDTFA website at <https://www.cdtfa.ca.gov/services/#Register-Renewals>

For assistive technology products, documentation that supplier is approved as an authorized dealer, sub-dealer, or reseller by the manufacturer, or distributor for the manufacturer.

CAL-ATSD SUPPLIER DIRECTORY ADMINISTRATOR CONTACT INFORMATION: For further information, email the Cal-ATSD Supplier Directory at [SupplierDirectory@dor.ca.gov](mailto:SupplierDirectory@dor.ca.gov). The Administrator may also be contacted as follows:

***Cal-ATSD Administrator***

Department of Rehabilitation   
Contracts and Procurement Section

721 Capitol Mall, 6th Floor

Sacramento, CA 95814  
Telephone: ***(916) 558-5680***

Facsimile:(916) 558-5681