

Adding a business model request:**PART V--EN APPLICATION DOCUMENTATION REQUIREMENTS****SECTION 1: EN INFORMATION SHEET**

- A. **APPLICANT'S NAME** (enter name of organization/entity submitting application as it appears in Part I—Section 1 above):

- B. **NAME OF EMPLOYMENT NETWORK** (enter your Doing Business As (DBA) name if different from item A above. This name will appear in the EN Directory):

- C. **EN'S EMPLOYER IDENTIFICATION NUMBER** (enter): _____

The Employer Identification Number (EIN) must be issued in the name of the Contractor shown in item A above. An EIN may be obtained from the Internal Revenue Service by calling **1-800-829-1040** or via the web at www.irs.gov. We cannot accept a Social Security Number in lieu of an EIN. Any questions regarding this requirement should be directed to the ENST as instructed in the cover letter to this RFA.

- D. **EN'S DATA UNIVERSAL NUMBERING SYSTEM NUMBER AND SYSTEM FOR AWARD MANAGEMENT REGISTRATION**

1. **Data Universal Numbering System Number (DUNS)**. The DUNS number is a 9-digit number assigned by **Dun & Bradstreet Information Services**. Every EN must have a DUNS number. If a contractor does not already have a DUNS number, one may be obtained directly from Dun & Bradstreet at **1-800-333-0505** or online at <https://fedgov.dnb.com/webform>. A DUNS number will be provided at no charge to the contractor, although there may be a waiting period. **The DUNS number must be issued in the contractor's name shown in item A above.**

Enter the DUNS Number here: _____

2. **System for Award Management (SAM)**. The SAM is the primary registrant database for all Federal Government contractors. Every EN must register their DUNS number, enter their banking information, and complete their Representations and Certifications in the SAM. In addition, the EN shall be responsible for the yearly update of its SAM registration. All SAM transactions shall be completed online at the SAM website at <http://www.sam.gov>. **There is NO charge to register in the SAM.**

Please indicate if the EN has registered in SAM: Yes [] No []

For more information see Part IV—Section 1

E. PHYSICAL ADDRESS (no post office boxes):

F. MAILING ADDRESS (if different from above. May be post office box.):

G. LOCATION OF SERVICES

1. Will services to beneficiaries be provided at the location shown in E. above?

Yes [] No []

2. Will services to beneficiaries be provided at other locations? Yes [] No []

If you checked “yes” and you want these additional locations to appear in the EN Directory, please submit a separate attachment for **EACH** additional location, listing the EN Directory contact information requested in Part V--Section 2.H, below.

H. EN CONTACT INFORMATION

The individual identified as the signatory authority in Part I—Section 1 above and in Part V--Section 2.V below is the only EN official recognized by SSA as authorized to represent and speak for the EN in communications with the SSA Beneficiary and Employment Support Branch (BESB) in matters relating to the administration of this TPA, including all TPA changes. However, the signatory authority may designate other individuals to represent or speak on his or her behalf on matters relating to day-to-day TPA operations.

- Please list the following contact information for other EN contact(s) responsible for program/TPA inquiries from SSA or the TPM **if different from** the signatory authority (use an attachment if necessary):

1. **SIGNATORY AUTHORITY NAME:** _____

2. **PHONE:** (____) _____ - _____

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

3. **TOLL FREE #:** (____) ____ - _____

4. **FAX:** (____) ____ - _____

5. **TTY:** (____) ____ - _____

6. **EMAIL:** _____

- Please list the following contact information for other EN contact(s) responsible for Ticketholder inquiries **if different from** the signatory authority (use an attachment if necessary):

1. **PROGRAM CONTACT NAME:** _____

2. **PHONE:** (____) ____ - _____

3. **TOLL FREE #:** (____) ____ - _____

4. **FAX:** (____) ____ - _____

5. **TTY:** (____) ____ - _____

6. **EMAIL:** _____

- Please list the following contact information for the EN's **designated security officer/suitability contact** per Part III—Section 6.H of the EN RFA:

1. **SUITABILITY CONTACT NAME:** _____

2. **PHONE:** (____) ____ - _____

3. **TOLL FREE #:** (____) ____ - _____

4. **FAX:** (____) ____ - _____

5. **TTY:** (____) ____ - _____

6. **EMAIL:** _____

- Please list the following contact information for other **EN Payment contact(s)** responsible for Ticketholder Payment inquiries **if different from** the signatory authority (use an attachment if necessary):

1. **PAYMENTS CONTACT NAME:** _____
2. **PHONE:** (____) _____ - _____
3. **TOLL FREE #:** (____) _____ - _____
4. **FAX:** (____) _____ - _____
5. **TTY:** (____) _____ - _____
6. **EMAIL:** _____

I. EN DIRECTORY CONTACT INFORMATION

SSA provides an online EN Directory to facilitate Ticketholder contact with your EN. The EN Directory is found at <https://yourtickettowork.ssa.gov/>. An EN Directory listing is **mandatory** except in extraordinary circumstances. Please provide the information requested below. **At a minimum, all ENs are required to provide a telephone number, email address, and website address in the EN Directory. For those ENs with a service area that covers more than one local telephone exchange, the EN must provide a toll-free telephone number.**

1. **TICKETHOLDER CONTACT NAME:** _____
2. **PHONE:** (____) _____ - _____
3. **TOLL FREE #:** (____) _____ - _____
4. **FAX:** (____) _____ - _____
5. **TTY:** (____) _____ - _____
6. **EMAIL:** _____
7. **WEBSITE:** _____

Do you want a link to this website on the EN Directory? **Yes** [] **No** []

An EN may choose not to appear in the EN Directory but must provide a compelling justification. SSA will make the final decision.

[] I request not to be listed in the EN Directory?

Justification: _____.

J. SERVICE AREA

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

Please check one only. This information will be listed in the online EN Directory and you may be contacted by Ticket Holders living in the service area(s) you designate.

- National** (serving all States and U.S. Territories)
 Multi-State (list all States you will serve using the 2-letter state abbreviation)

- Single State** (list the State using the 2-letter State abbreviation)

If your service area is limited to specific counties, please list the State (using the 2-letter State abbreviation), followed by the counties:

If your service area is limited to specific zip codes, please list the State (using the 2-letter State abbreviation), followed by the zip codes:

K. CORPORATE STATUS (check all that apply)

- For profit
 Non-profit
 Public entity
 Sole proprietor
 Other: _____

L. TYPE OF ORGANIZATION (check all that apply)

- Faith-based
 Healthcare/Mental health
 Higher education
 Native American
 Special education
 State/local government
 Vocational training
 WIA American Job Center/One-Stop Career Center
 Workforce Investment Board
 Other: _____

M. PREFERRED IMPAIRMENT GROUPS SERVED

Check all that apply, but limit to those impairment groups you are prepared to serve, and provide necessary accommodations, since this information will appear in the online EN Directory and you may be contacted by beneficiaries with the impairments you list.

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

- Cognitive impairments, e.g., Down’s Syndrome, autism, organic brain syndromes, developmental disabilities (including ADD and ADHD)
- Hearing impairments
- Physical impairments
- Psychiatric impairments, e.g., psychotic, depressive, manic, bipolar, anxiety and/or personality disorders (including eating disorders)
- Visual impairments
- Other: _____

N. SERVICES OFFERED

Check only those services you are prepared to offer, since this information will appear in the online EN Directory and you may be contacted by beneficiaries seeking the services you list. Every EN must have the capability to provide or arrange for the delivery of services to beneficiaries throughout the EN’s selected service area. At a minimum, these services shall include career planning, job placement, and ongoing employment support.

- Administrative, i.e., serve as EN of record for a network of affiliate service providers (see Part III—Section 1.B.2.f)
- Benefits counseling
- Career planning (see Part III—Section 1.A.3)
- Employment, i.e., hiring assigned Ticketholders to work for EN or serving as an employer’s agent (see Part III—Section 1.B.2.d)
- Entrepreneurship
- Job placement/job placement assistance services (see Part III—Section 1.A.3)
- Ongoing employment support/job retention (see Part III—Section 1.A.3)
- Special language capability (including Braille services and sign language)
Please List: _____
- Transitional youth
- Veterans
- Virtual services (services delivered primarily on line or by telephone)
- Other: _____

O. EN PAYMENT SYSTEM ELECTION

(Reference Part III--Section 5.A, of this document) The applicant shall select **one** of following payment systems:

- Milestone-outcome payment**
- Outcome payment**

Q. BUSINESS PLAN

The applicant shall prepare a business plan **using the format below** to describe how the applicant will meet the requirements for award of an EN TPA, including providing the services and supports necessary for a Ticketholder’s achievement of self-sufficiency through work. Be sure to respond to each requested item. Indicate “Not Applicable” for those items that do not apply to your organization. The completed template will satisfy the business plan requirement. **The offer shall**

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

submit no other documentation other than that requested below. If more space is needed, provide information in the same format on a blank attachment. See Part III--Section 1.B.2 of this RFA for guidance in completing each section.

- a. Organization Description
 1. Provide a brief history of your organization.
 2. Explain your organization’s mission.
 3. Summarize your organization’s accomplishments.
 4. Describe your organization’s corporate structure including all subsidiaries, subcontractors, and provider partners.
 5. Attach a copy of your organization chart.
 6. Attach resumes of your key staff, including contact information.
 7. Provide your organization’s website address.

- b. Description of Programs, Services and Supports
 1. Describe the programs, services and supports your organization offers, and explain their relevance to the goals of the Ticket Program as explained in the introduction under Part III (Statement of Work) of this RFA.
 2. Describe your organization’s facilities.
 3. Describe your organization’s client/customer base.
 4. Provide evidence that demonstrates your organization’s delivery of a significant level of employment services and supports, as well as the results of those services with respect to job achievement and retention by your clients.

- c. Changing Current Business Model to Meet the Requirements of this RFA
 1. Describe in detail your current business model, including any anticipated changes to meet the requirements of this RFA.
 2. Describe any changes in the numbers, knowledge, skills, abilities and training of your organization’s staff.
 3. Describe any changes in your organization’s business policies.
 4. Describe any changes in the services and supports currently provided by your organization to meet the requirements of this RFA.
 5. Describe your organization’s plans to:
 - (a) market to Ticketholders,
 - (b) develop individual work plans (IWPs),
 - (c) provide short-term and long-term supports to beneficiaries and
 - (d) protect sensitive Ticketholder information.
 6. Does your organization plan to provide direct payments to beneficiaries as one of your services? **Yes** [] **No** []

If the answer is **YES**, explain the nature and distribution of these payments.
(see Part V—1.Q.e below)

- a. Employer EN
 1. Will you be serving as the Ticketholder’s employer or employer’s agent as explained in Part III--Section 1.B.2.d of this RFA?
Yes [] **No** []

 2. If you answered **YES**:

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

- (a) identify the available jobs that are paying (or are expected to pay) wages at or above SGA-level into which your organization will be placing beneficiaries.
 - (b) describe how your organization will provide opportunities and necessary services and supports to enable Ticketholders to achieve and retain jobs that pay at or exceed SGA-level.
 - (c) provide evidence of any agreements you have or anticipate having with employers or employment agencies to refer prospective employees to them for a fee.
- e. RESERVED
- f. Administration of Out-sourced Service Delivery
1. Are the services offered by your organization provided primarily by subcontractors and/or provider partners as explained in Part III—Section 1.B.2.f **Yes** [] **No** []
 2. If you answered **YES**, please explain how you administer the service delivery arrangements/agreements.
- g. Sustaining EN Operations
1. Describe your organization’s current or anticipated contracts/grants.
 2. Describe your current or anticipated funding streams.

S. EN EMPLOYEE SUITABILITY

In the course of providing services Ticketholders, ENs acquire, handle or have access to Ticketholder personally identifiable information (PII). Access to Ticketholder PII and the Ticket Portal shall be limited to authorized personnel who have received a favorable suitability determination from SSA and who need the information to perform their official duties in connection with SSA’s Ticket Program. Consequently, the procedures governing background checks and suitability determinations set forth in Part III—Section 11.E and Part IV--Section 5 are applicable to **all** EN personnel and EN subcontractor/provider partner personnel who acquire, handle or have access to SSA Ticketholder PII in performing their duties under the TPA.

Following award of this agreement, the EN will provide the SSA/CPSM and the ENST an applicant listing of all individuals for whom the applicant is requesting a suitability determination; i.e., background investigation. (see Part IV--Section 5.F). No EN employees or EN subcontractor/provider partner personnel who will acquire, handle or have access to Ticketholder PII in the performance of their duties under this TPA are permitted to begin working under this TPA until they have received a favorable suitability determination from SSA.

In the space below, please provide a preliminary list of the names of all EN employees and subcontractor/provider partner personnel who in the performance of their jobs under this TPA will acquire, handle or have access to Ticketholder PII.

PART VI – EN APPLICATION EVALUATION AND TPA AWARDS

V. SIGNATORY AUTHORITY

The signatory authority named below shall sign the agreement found in Part I of this RFA. As signatory authority, he or she is the sole EN official authorized to communicate with the SSA ENST on behalf of the EN on matters related to the terms and conditions of the EN TPA, including TPA changes. (see Part I and Part V--Section 2.H of this RFA).

Name (Printed): _____

Title: _____

Signature: _____

Date: _____

Telephone # _____

FAX # _____

Email Address _____