

ARLINGTON VIRGINIA

NEW VENDOR APPLICATION

VENDOR INFORMATION

Name of Vendor					
Point of Contact		Title			
Phone Number		Email			
Address					
City		State		Zip code	
Tax ID#		Are you currently in an ongoing investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:	

SERVICE INFORMATION

Services Provided					
Population(s) Served					
Are there any children you are unable to serve?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe who:			
Accessibility of Services (in-person, virtual, extended hours, location etc.)					
Do you provide Evidence-Based Practices	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?			
Describe any certification requirements for your staff					

CULTURAL COMPETENCY

Do you have Language Capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language(s)?			
What does interpretation/translation services look like for children and families whose first language is not English?					
Please describe how staff may or may not reflect the children and families you serve. If they do not, can you tell us more about that and why they may not?					

Have any disparities in staffing patterns lead to discussions around how this can be addressed? If so, what have been the recommendations/next steps?	
List the trainings or include the training plan focused on diversity, cultural awareness, and equity.	
Highlight outcome measures for youth and families in underserved and excluded communities such as BIPOC and LGBTQIA. How are outcome disparities addressed?	

INSURANCE INFORMATION

What insurances do you accept?			
Are you a Medicaid provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, why?	

ADMINISTRATIVE REQUIREMENTS

Are you, or are you willing to be, listed on the CSA Service Fee Directory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are your services CSA-Reimbursable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, or are you willing, to be registered with the Virginia State Corporation Commission (VSCC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to submit a W-9 Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to submit an IRS Statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to have Arlington County and its' officers, elected and appointed officials, employees and agents be listed as additional insureds on all policies except workers compensation and automotive and professional liability; and the additional insured endorsement must be typed on the certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to have Cyber Insurance with Technology Errors and Omissions? (\$2,000, 000 per occurrence) (Telehealth, Virtual, or Online Services)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to have Sexual Abuse and Molestation insurance? (\$500,000 per occurrence)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to have Professional Liability Errors and Omission (\$1,000,000 per occurrence)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you willing to have Automobile Bodily Injury and Property Damage Liability? (\$1,000,000 Combined Single Limit (Owned, non-owned, or hired, as applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

<p>Are you willing to have Workers Compensation-Virginia statutory workers compensation (W/C) coverage, including Virginia benefits and employer's liability? With limits of \$500,000/500,000/500,000. (The County will not accept W/C coverage issued by the Injured Worker's Insurance Fund, Towson, MD.)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you willing to have Commercial General Liability (CGL) with "The County Board of Arlington County, Virginia, and its officers, employees and agents" listed as additional insureds on the CGL policy? \$1,000,000 combined single limit with \$2,000,000 aggregate coverage to include Premises/Operations, Personal Injury, Completed Operations, Contractual Liability and, where applicable to the services, Products and Independent Contractors.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you willing to have Medical Malpractice Insurance (any license clinician, counselors, psychologist, psychiatrist, medical persons, i.e., doctors, nurses, physical therapist occupational therapist, etc. are required to have this coverage) with \$2,550,000 per occurrence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are you willing to have Umbrella Excess Liability (applies to Residential Facilities, Therapeutic Foster Care Agencies, Psychiatric Hospitals, Addiction Treatment Facilities and possibly Private Day Schools) with \$1,000,000 Bodily Injury, Property Damage and Personal Injury?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>