



## Contractor/Vendor Information

Date	Contractor/Vendor Name		
Business Name			
Business Address			
Mailing Address if different			
Phone Number(s)		Email(s)	
Fax Number		Website/Social Media	
Person to Contact if different than above		Phone	Email
How many miles from address above will you work?			

<b>Type Of Work – Please indicate the type of work your business performs or sells. Please note any brands of equipment you are a dealer for.</b>			
Outdoor Construction	Ramps/Half Steps: Wood Aluminum (Brands)	Handrails: Aluminum Wood	Other:
	Concrete: Sidewalks Driveways	Porch Lift (VPL): Brand(s)	
Indoor Construction	Bathrooms: Barrier free showers Toilets Sinks Grab bars	Doors: Widening Standard swing Sliding doors Pocket doors Other	Ceiling Track Lifts *: Brand  *Medicaid Provider
	Flooring: Vinyl sheet LVP Carpet Tile Wood Other	Stairglides: Straight Curved Brand(s)	Other:
Adaptive Equipment	Durable Medical Equipment*: Type  *Medicaid Provider	Low Vision: Types/Brands	Other:
	Hearing: Types/Brands	Prosthetics/Orthotics:	Other:



## Contractor/Vendor Information

Adaptive Vehicle	Sell Modified Vehicles Conversion Brand(s)	Modify Existing Vehicles Brand(s)	NMEDA Member
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<b>Registration, Licensure, Insurance</b>			
Registered with the Nebraska Department of Labor	Yes DOL # Expiration Date		
	No* *Contractors Must be Registered with the Department of Labor		
Current Licensure	Electrical	Plumbing	Other
City Licensure	Omaha	Bellevue	Other
Registered with:	Online Referral Services (ex. Home Advisor) BBB Other		

<b>Drug Free Workplace Policy</b>	Initial Here
I confirm that our company has a Drug Free Workplace Policy which stipulates: <ol style="list-style-type: none"> <li>a. Our company does not allow alcohol or drugs during work hours or at the worksite.</li> <li>b. Corrective action will be taken against any employee who fails to follow our policy.</li> <li>c. Our employees have been informed of this policy.</li> </ol>	

<b>LB403 Contractor Provisions</b>	Initial Here
The contractor is required and agrees by the contractor's signature below that the company will use a federal immigration verification system to determine the work eligibility status of new employees physically performing services with the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United State Department of Homeland Security or other federal agency authorized to verify the work eligibility status of newly hired employees.	

<b>United States Citizenship Attestation</b>
For the purpose of complying with Neb. Rev. State §§ 4-108 through 4-114, I attest as follows: I am a citizen of the United States. OR I am a qualified alien under the federal immigration and Nationality Act Immigration status and alien number _____



## Contractor/Vendor Information

### Provider Standards/Provisions

Initial Here

No employee, owner, or agent of this business may be placed at a residence for any project obtained through the submission of quotes to ATP if:

The employee, owner or agent of the business is on the Adult Protective Services Central Registry, the Child Protective Services Central Registry, or the Sex Offender Registry; or

The employee, owner or agent of the business committed a crime: (i) Against a child or vulnerable adult; (ii) Of a nature, duration, or pattern that calls into question his or her regard for the law; (iii) Involving the illegal use, possession, or distribution of a controlled substance; or (iv) That, if repeated, could injure or harm the client.

CRIMES. ATP deems a crime to have been committed when a conviction, admission, or substantial evidence of commission exists. In exercising its discretion, ATP considers the severity of the crime(s), the applicability of the crime(s) to the service(s) of the provider, the person's role within the provider entity, and the amount of time that has passed since the commission of the crime(s).

CONVICTION OF INDIVIDUAL WITH AN OWNERSHIP INTEREST IN A PROVIDER. ATP must deny or terminate the enrollment of a provider where any person with a five percent or greater direct or indirect ownership interest in the provider has been convicted of a criminal offense related to that person's involvement with a Medicare, Medicaid or Title XXI program within the last 10 years, unless ATP determines that denial or termination of enrollment is not in the best interest of the program.

### Davis-Bacon Act

Initial Here

The Davis-Bacon and Related Acts, apply to contractors and subcontractors performing on federally funded or assisted contracts in excess of \$2,000 for the construction, alteration, or repair (including painting and decorating) of public buildings or public works. Davis-Bacon Act and Related Act contractors and subcontractors must pay their laborers and mechanics employed under the contract no less than the locally prevailing wages and fringe benefits for corresponding work on similar projects in the area. The Davis-Bacon Act directs the Department of Labor to determine such locally prevailing wage rates. The Davis-Bacon Act applies to contractors and subcontractors performing work on federal or District of Columbia contracts. The Davis-Bacon Act prevailing wage provisions apply to the "Related Acts," under which federal agencies assist construction projects through grants, loans, loan guarantees, and insurance.

I agree to contact ATP with any changes to this information including contact information and banking information as soon as possible.

Signature, Title, Date

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