



CITY OF PHOENIX  
Human Services Department

**HUMAN SERVICES APPLICATION INDIVIDUAL** The City desires to engage qualified offerors to provide therapeutic services to the victims of domestic violence and sexual assault, family members of homicide victims, and other clients of the Victim Services Division. To qualify, offerors must be licensed by the State of Arizona Board of Psychologists Examiners or Board of Behavioral Health Examiners and have a physical office in the City of Phoenix. **Completed applications must be submitted to: [fac.therap.ser@phoenix.gov](mailto:fac.therap.ser@phoenix.gov)**

**INSTRUCTIONS: Please print. Fill in all spaces. Be accurate and complete.**

LAST NAME		FIRST NAME		MIDDLE NAME
PRACTICE NAME			LEVEL OF EDUCATION/LICENSURE	
ADDRESS:		SUITE #:	CITY:	ZIP:
OFFICE PHONE:		EMAIL ADDRESS		
AREA OF SPECIALTY (IF ANY)		LICENSE NUMBER		
Licensed by: (Check One)		<input type="checkbox"/> Arizona Board of Behavioral Health Examiners <input type="checkbox"/> Arizona Board of Psychologist Examiners		

Have you ever been found guilty of, pled guilty to, pled no contest to, been convicted of, paid a fine for, served probation for, or served any type of sentence for any crime or offense (whether misdemeanor or felony), including any offenses which may have been vacated or expunged? Include any convictions by military trial and any criminal charges for which you are awaiting trial. You are not required to include any minor traffic violations or juvenile offenses. NOTE: DUI and Reckless Driving are not minor violations and must be disclosed. \*

Yes \_\_\_\_\_ No \_\_\_\_\_. If YES, give details (dates, charges, dispositions, sentence received, etc.)

\*Answering yes to the above question does not automatically exclude you from consideration. Relevance of the information to the assignment will be considered. However, failure to completely disclose all information may prevent your selection or result in termination of your services. Any service will be contingent upon satisfactory background check, including submittal of your fingerprints to appropriate law enforcement agencies for verification.

**I certify that all information contained herein is true to the best of my knowledge. I consent to having a background history check, which may include fingerprinting. I understand that all omissions or misstatements may result in termination of my services. I will keep the Human Services Department advised of changes in my address and/or phone numbers or status.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**To request reasonable accommodation or this publication in an alternative format call (602) 534-2120 (voice) or (602)-534-2122 (FAX). E-mail: [fac.victim.services@phoenix.gov](mailto:fac.victim.services@phoenix.gov)** The City of Phoenix prohibits discrimination on the basis of race, ethnicity, national origin, sex, religion, age, sexual orientation, or disability in its services, programs, and activities. Anyone who believes he or she has been discriminated against may file a complaint with the City of Phoenix Equal Opportunity Department. Rev. 12-19-23

## ATTACHMENT A

### HUMAN SERVICES CONTRACTOR INFORMATION

**INSTRUCTIONS:** Clearly identify all your information and any additional service providers who will be assisting on this contract.

Name and/or Practice Name:
Owner(s) Name:
Address:
Contact Number(s):
Email:

**Print list of Employees/Partners or Associates who will be providing direct services under this contract (Duplicate this page if you have more than four persons who will be assisting on this contract):**

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

Legal Name:			
Licensure and License Number:			
Address:	City:	State:	Zip Code:
Phone:	Email:		

## ATTACHMENT - B

### AFFIDAVIT OF LAWFUL PRESENCE

Instructions: Your completion of this form is required by Arizona state law if you are a sole proprietor. A.R.S. §§ 1-501, -502. This law does not apply to fictitious entities such as corporations, partnerships, and limited liability companies.

I, \_\_\_\_\_ (print full name exactly as on document),  
hereby affirm, upon penalty of perjury, that I have made a true and accurate copy of the document checked below, that I have attached that copy to this Affidavit for purposes of mailing both documents to the City, that I am lawfully present in the United States, and that I am the person stated on the document. **(select one category only)**

☐ **Arizona driver license issued after 1996.**

Print first four numbers/letters from license:

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☐ **Arizona non-operating identification license.**

Print first four numbers/letters:

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☐ **Birth certificate or delayed birth certificate issued in any state, territory, or possession of the U.S.**

Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_

☐ **United States Certificate of Birth Abroad.**

Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_

☐ **United States Passport.**

Print first four numbers/letters on Passport:

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☐ **Foreign Passport with United States Visa.**

Print first four numbers/letters on Passport:

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Print first four numbers/letters on Visa:

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☐ **I-94 Form with a photograph.**

Print first four numbers on I-94:

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☐ **USCIS Employment Authorization Document (EAD).**

Print first four numbers/letters on EAD:

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or Perm. Resident Card (acceptable alternative):

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☐ **Refugee Travel Document.**

Date of issuance: \_\_\_\_\_; Refugee country: \_\_\_\_\_

☐ **U.S. Certificate of Naturalization.**

Print first four digits of CIS Reg. No.:

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☐ **U.S. Certificate of Citizenship.**

Date of issuance: \_\_\_\_\_; Place of issuance: \_\_\_\_\_

☐ **Tribal Certificate of Indian Blood.**

Date of issuance: \_\_\_\_\_; Name of tribe: \_\_\_\_\_

☐ **Tribal or Bureau of Indian Affairs Affidavit of Birth.**

Year of birth: \_\_\_\_\_; Place of birth: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Office Use Only	Employee Name:	Ref. No.:
Promptly report all observed violations of federal immigration law to: azicereport@dhs.gov		
<input type="checkbox"/> Reported violation (check if applicable and attach copy of email to this form)		

**ATTACHMENT - C**  
**COSTS AND PAYMENTS**

(please complete, sign, and return with the application)

**PAYMENT TERMS & OPTIONS:** Vendors must choose an option, if a box is not checked, the City **will default to 0% - net 45 days:**

☐ Contractor offers a prompt payment discount of either \_\_\_\_\_ % - 30 days or 0% – 45 days - to apply after receipt of invoice or final acceptance of the products (invoice approval), whichever date is later, starts the 30 days. If no prompt payment discount is offered, the default is 0%, net 45 days; effective after receipt of invoice or final acceptance of the products, whichever is later. **Payment terms offering a discount will not be considered in the price evaluation of your offer.**

☐ Contractor may be paid immediately upon invoice approval, if enrollment is made to the Single Use Account (SUA) Program, administered by the City's servicing bank ("Bank"). By checking this box, the vendor accepts transaction costs charged by their merchant bank and agrees not to transfer to the City those extra charges. The City will not pay an increase in our services for the SUA charges; if an audit uncovers an upcharge for the SUA charges the vendor will owe the City all costs. The vendor may opt-out of the SUA program once, but then may not rejoin during the same contract term. **For more information about the SUA program or to enroll, send email to [mailbox.sua@phoenix.gov](mailto:mailbox.sua@phoenix.gov).**

**ATTACHMENT - D**  
**SCOPE OF SERVICES AND FEES**  
(please complete, sign, and return with the application)

Name and or/Business Name:
Vendor Number:

Service Title:
Service Cost:     \$ _____ per _____
Description of Services:

Service Title:
Service Cost:     \$ _____ per _____
Description of Services:

Service Title:
Service Cost:     \$ _____ per _____
Description of Services:

**ATTACHMENT - E**  
**YEARS IN BUSINESS AND REFERENCES**

(please complete, sign, and return with the application)

The contractor certifies that they have provided \_\_\_\_\_ listed in this solicitation for a period of \_\_\_\_year(s).

Contractor shall furnish the names, addresses, and telephone numbers of a minimum of three firms or government organizations for which the Contractor is currently furnishing or has furnished, the goods or services.

Name of Company: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Email Address: Phone \_\_\_\_\_

Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**ATTACHMENT – F**  
**OFFER**

(please complete, sign, and return with the application)

**TO THE CITY OF PHOENIX** - The Undersigned hereby offers and agrees to furnish the material and or service(s) in compliance with all terms, conditions, specifications, and addenda issued as a result of a solicitation.

Arizona Sales Tax No. \_\_\_\_\_  
Use Tax No. for Out-of-State Suppliers \_\_\_\_\_  
City of Phoenix Sales Tax No. \_\_\_\_\_  
Arizona Corporation Commission File No. \_\_\_\_\_

Taxpayer's Federal Identification No.: If recommended for contract award, Offeror agrees to provide its federal taxpayer identification number or as applicable its social security number to the City of Phoenix for the purpose of reporting to appropriate taxing authorities, monies paid by the City of Phoenix under the awarded contract. If the Offeror provides its social security number, the City will only share this number with appropriate state and federal officials. This submission is mandatory under 26 U.S.C. § 6041A.

<b>Enter City's Registration System ID Number</b>  Located at City's eProcurement website (see SECTION 2 – INSTRUCTIONS - CITY'S REGISTRATION)	
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Offeror has read, understands, and will fully and faithfully comply with this solicitation, its attachments and any referenced documents. Offeror certifies that the prices offered were independently developed without consultation with any other Offeror or potential Offerors.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title  
(President, Manager, Member)

\_\_\_\_\_  
Offeror Legal Name and Company Type  
(LLC, Inc., Sole Proprietor)

Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

## ATTACHMENT- G CONFLICT OF INTEREST AND TRANSPARENCY FORM

(please complete, sign, and return with the submittal)

This form must be signed and submitted to the City and all questions must be answered (or N/A) or your Application may be considered non-responsive.

1. Name of person submitting this disclosure form.

First	MI	Last	Suffix
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2. Contract Information

Name:

3. Name of individual(s) or entity(ies) seeking a contract with the City (i.e. parties to the Contract)

4. List any individuals(s) or entity(ies) that are owners, partners, parent, sublessees, joint venture, or subsidiaries of the individual or entity listed in Question 3. Please include all Board members, executive committee members and officers for each entry. If not applicable, indicate N/A.

5. List any individuals or entities that will be subcontractors on this contract or indicate N/A.

- ☐ Subcontractors may be retained, but not known as the time of this submission.
- ☐ List of subcontracts, including the name of the owner(s) and business name:

6. List any attorney, lobbyist, or consultant retained by any individuals listed in Questions 3, 4, or 5 to assist in the proposal or seeking the resulting contract. If none, indicate N/A.



**7. Disclosure of Conflict of Interest:**

**A. City Code Section 43-34**

Are you aware of any fact(s) with regard to this application or resulting contract that would raise a “conflict of interest” issue under City Code Section 43 -34?

“An elected City official or a City employee shall not represent any person or business for compensation before the City regarding any part of a procurement, including any resulting contract, if during the time the elected official is or was in office or the employee is or was employed by the City such elected official or employee played a material or significant role in the development of the application, any other part of the procurement, or the contract award.

- ☐ I am not aware of any conflict(s) of interest under City Code Section 43-34.  
☐ I am aware of the following potential or actual conflict(s) under City Code Section 43-44.

**B. ARS Sections 38-501 et. Seq. & City Charter Chapter 11**

State law and the Phoenix City Charter and Code prohibit public officers or employees, their close relatives, and any businesses they, or their relatives, own from (1) representing before the City any person or business for compensation, (2) doing business with the City by any means other than through a formal procurement, and (3) doing business with the City without disclosing that the person has an interest in the contract. This prohibition extends to subcontracts on City contracts and also applies to parent, subsidiary, or partner businesses owned by a public officer or employee. See

A.R.S. Sections 38-501 through 38-511, for more information (City Charter, Chapter 11, applies the state conflict-of-interest law to City employees).

Please note that any contract in place at the time a person becomes a public officer, or employee may remain in effect. But the contract may not be amended, extended, modified, or changed in any manner during the officer's or employee's city service without following city administrative regulations.

Are you aware of any fact(s) with regard to this contract that would raise a “conflict of interest” issue under A.R.S. Sections 38-501 through 38-511 (See Arizona Revised Statutes regarding conflict of interest at [www.azleg.gov](http://www.azleg.gov)).

- ☐ I am not aware of any conflict(s) of interest under Arizona Revised Statutes Sections 38-501 through 38-511.  
☐ I am aware of the following conflict(s) of interest:

## 8. Acknowledgements

### A. Application Transparency Policy No Contact with City Officials or Staff During Evaluation

- ☐ I understand that a person or entity who seeks or applies for a city contract, or any other person acting on behalf of that person or entity, is prohibited from contacting city officials and employees regarding the contract after a solicitation has been posted.
- ☐ This "no-contact" provision only concludes when the contract is awarded at a City Council meeting. If contact is required with City officials or employees, the contact will take place in accordance with procedures by the City. Violation of this prohibited contacts provision, set out in City Code Sections 2-190.4 and 43-36, by respondents, or their agents, will lead to **disqualification**.

### B. Fraud Prevention and Reporting Policy

- ☐ I acknowledge that the City has a fraud prevention and reporting policy and takes fraud seriously. I will report fraud, suspicion of fraud, or any other inappropriate action to telephone no. 602-261-8999 or 602-534-5500 (TDD); or [aud.integrity.line@phoenix.gov](mailto:aud.integrity.line@phoenix.gov).

The purpose of the fraud policy is to maintain the City's high ethical standards. The policy includes a way for our business partners to report wrongdoing or bad behavior. Suspected fraud should be reported immediately to the Phoenix Integrity Line. The City has adopted a zero-tolerance policy regarding fraud.

### OATH

I affirm that the statements contained in this form, including any attachments, to the best of my knowledge and belief are true, correct, and complete. Should any of the answers to the above questions change during the course of the contract, particularly as it relates to any changes in ownership, the applicant agrees to update this form with the new information within 30 days of such changes. Failure to do so may be deemed a breach of contract.

PRINT NAME

TITLE

SIGNATURE

DATE

COMPANY (CORPORATION, LLC, ETC.) NAME and DBA

**ATTACHMENT H**  
**Confidential Information Form**

(please complete, sign, and return with the submittal)

☐ By checking this box, the Offeror acknowledges that they are not providing any information they declare to be confidential or proprietary.

If Offeror has submitted any information they declare to be confidential or proprietary, please describe below.

Page Title	Confidentiality and Proprietary Information

**Note: use additional pages as necessary.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**EMERGENCY 24-HOUR SERVICE CONTACT**

(please complete and return with the submittal)

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_