

Application for Certification as a Qualified Nonprofit Agency

Organization Information

Organization Name:	Click here to enter text.		
Address:	Click here to enter text.		
	<i>Street Address</i>		
	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
CEO:	Click here to enter text.	Email:	Click here to enter text.
Primary Contact:	Click here to enter text.	Email:	Click here to enter text.
Phone Number:	Click here to enter text.	Fax:	Click here to enter text.

Certification Information

The above named applicant requests certification as a **Qualified Nonprofit Agency** within the meaning of section 125.60 (A)(1)-(6) of the Ohio Revised Code and amplified in Ohio Administrative code 123:5-3-02 to obtain certification, the applicant must assure the office of procurement from CRPs that it is in compliance with the following statements and will make this information available upon request as evidence of compliance. The Office of Procurement from CRPs retains the right to review the agency's records to ensure compliance with the statements below or to request additional information.

Certification Type

- Initial Certification Renewal Certification

Wages Paid to Workers (Check all that Apply)

<input type="checkbox"/>	Commensurate Wages (Attached FLSA Section 14(c) form)
<input type="checkbox"/>	Prevailing Wage (Applicable Prevailing Wage Survey Must be Included in Contract Paperwork)
<input type="checkbox"/>	Minimum Wage or Above

Required Initial Certification Items

<input type="checkbox"/>	Certificate of Nonprofit Incorporation from Ohio Secretary of State
<input type="checkbox"/>	Letter of Determination from U.S. Internal Revenue Service acknowledging organization's status as a nonprofit corporation and being tax exempt under Section 501(C)(3) of the Federal Internal Revenue Code
<input type="checkbox"/>	Organization's information, including: <ul style="list-style-type: none"> • Articles of Incorporation • Bylaws of the Corporation • Constitution • Mission Statement

Required Renewal Certification Items

<input type="checkbox"/>	Most recent <i>Statement of Continued Existence</i> from Ohio Secretary of State
<input type="checkbox"/>	Letter of Determination from U.S. Internal Revenue Service acknowledging organization’s status as a nonprofit corporation and being tax exempt under Section 501(C)(3) of the Federal Internal Revenue Code
<input type="checkbox"/>	Organization’s information (if changed), including: <ul style="list-style-type: none"> • Articles of Incorporation • Bylaws of the Corporation • Constitution • Mission Statement

Required Initial and Renewal Items

All applications for **Initial or Renewal** Certification must provide a letter of formal assurance with the **notarized signature** of the Chief Executive Officer attesting to the compliance of their organization to the below listed requirements.

- Applicant entity is in current and ongoing compliance with all applicable Occupational Health and Safety Laws, Rules, Codes, and Standards promulgated by any jurisdiction of competent authority.
- Applicant entity is in current and ongoing compliance with the letter and intent of Sections 123:5-3-02 (B) 6 a. - b. - c. of the Ohio Administrative Code pertaining to the required ratio and quota of people with work limiting disabilities employed in direct labor capacities for the named applicant. *Further, that the applicant entity maintains such records as are necessary and appropriate to demonstrate that complete compliance.*

Upon request of the Office of Procurement from CRPs, applicants shall provide evidence necessary to demonstrate their compliance with the above requirements.

It is expressly understood and acknowledged by the undersigned on behalf of the applicant entity that willful failure or inability to comply with the policies, procedures and requirements of the Office of Procurement from CRPs may result in revocation of this certification, in accordance with Section 123:5-3-02 (D)-(E)-(G) of the Ohio Administrative Code. The undersigned certifies to the ongoing truthfulness and accuracy of the statements of fact contained herein.

Signature – Chief Executive Officer

[Click here to enter text.](#)

Printed Name and Title

Sworn to before me and subscribed in my presence this _____ Day of _____ 20 _____

(Notarial Seal)

Signature Notary Public
 My Commission Expires: _____

OPCRP Office: _____ Letter Sent: _____
 Approved By: _____ Certification #: _____