**Arizona State Set-Aside**

**Certified Nonprofit Agency Proposal Form Instructions**

Tab through fields to complete form. Submit the form 45 days in advance of the next State Set-Aside quarterly meeting. Note: A product that comes in various sizes and colors can be listed on the same form; however, if it is a different item, complete and submit a separate form.

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| **Request Date** | **Required** – Date Proposal is being submitted to State Set-Aside Committee |
| **Certified Nonprofit Agency** | **Required** – Your Certified Non-Profit Agency Name |
| **Point of Contact** | **Required** – Point of Contact for this project at your Non-Profit Agency and Contact Information |
| **Project Name** | **Required –** Can be the same as the product or service name. |
| **Product or Service Name** | **Required –** Descriptive name of product or service. For example, ‘Medicated Lip Balm’ is more descriptive than ‘Lip Balm.’ Fill out a separate form for each product that is different. |
| **Description** | **Required** – Detailed product or service description. This will allow ADOA staff to assess and ensure that new products or services do not significantly impact other items reserved for development, or currently on State Set-Aside contract.  **Required** – Describe the direct labor functions that will be performed by people who have a disability. The description of work enables the State Set-Aside Committee to evaluate a proposed product’s suitability for addition as a State Set-Aside Contract based on the requirement that 60% of the direct labor is to be performed by people with disabilities. Arizona Revised Statute 41-2636 Section A.  The State Set-Aside Committee will not approve pass-through (labeling products then repacking) projects for State Set-Aside contract addition. The project must have ‘Value Added” labor content meaning the labor of persons with disabilities must be applied to raw materials, components, goods purchased in bulk form resulting in a change in the composition or marketability of component materials, packaging operations, and/or the servicing tasks associated with a product. Pass-through products are not allowed; therefore, solely affixing a packaging label to a commodity does not qualify. For product based proposals, it will be helpful to include a process flow to show how labor is leveraged in the processing of the finished product. |
| **Materials readily available:** | **Required** – Check whatever box applies. If you check the “No” box you must provide an explanation. |
| **Capable of timely delivery:** | **Required** – Check whatever box applies. If you check the “No” box you must provide an explanation. |
| **Lead Time:** | **Required -** What is the lead-time for the good or service being offered? How does this lead-time compare to similar goods or services that are commercially available from alternative sources or current suppliers to the State? |
| **Capable of meeting quality and price requirements:** | **Required** – Check whatever box applies. If you check the “No” box you must provide an explanation. |
| **Quality and Price Benchmarks:** | **Required –** What external benchmarks have used to validate that the quality and pricing of the proposed good or service are comparable to similar goods and services that are commercially available from alternative sources or current suppliers to the State? Please provide a summary of the research that was conducted and any data and analysis that was performed. |
| **Type of Employment for Individuals with a disability:** | **Required** – Define the type of employment for individuals with a disability that is expected to be created as a result of this product or service offering. Please check all boxes that apply. |
| **Product Cost or Service Cost Form attached:** | **Required** – Attach Product Cost Analysis or Service Cost Analysis form. |
| **Product or service price fair market price validation:** | **Required -** In determining fair market price, provide the Set-Aside Committee with one or more of the following: (1) available information from reliable market sources; (2) a market survey; (3) previous contract prices; (4) the range of bids from the most recent solicitation, including a determination of (a) the median price of bids; (b) the average price of bids; and (c) any market conditions or specifications that have changed since the most recent solicitation. |
| **Estimated Sales:** | **Required** – Provide estimated annual sales at time of feasibility review. Estimated sales are to be based on the sales to State agencies or other governmental units. |
| **Brand Name Partner:** | **If yes -** If you are planning to work with a Brand Name Partner, please supply the company name. Indicate what the portion of the delivery of the product or service will be done by the Brand Name Partner. |
| **Mandatory:** | **Required** – If you check “yes” for mandatory, please explain why you believe “mandatory” is appropriate for this product or service. |
| **Customer (Existing)** | **Required** – Governmental Units who have a current product requirement and will purchase. Remember to be specific. If none exists put n/a. |
| **Have You Contacted the Customer?** | **Required** - Check whichever box applies. If yes, provide contact name and information, and response to proposed product. |
| **Customer (Proposed)** | Identify what Governmental Units your organization would like to conduct business with for the proposed product or service.  **Remember to be specific. For example, there are many Governmental Units under the umbrella of the State and not all will be appropriate for your proposed products or services**. |
| **Geographic Coverage:** | **Required** - Check whichever box applies. If you check the “Other” box you must provide an explanation. |
| **Funding Source:** | **Required** – Check all boxes that apply. If you check the “Other” box you must provide an explanation. |
| **Samples or Literature:** | **Required** - Check whichever box applies. |
| **Other Information:** | **If Applicable** – Please provide any other relevant information to the proposal. |
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| **ADOA Review:** |  |
| **Is there a need for the Product or Service:** | **Required** - Check whichever box applies and provide an explanation. |
| **Impact on current state contracts:** | **Required** – Please provide and explanation. |
| **Agency capable of producing and delivering the product or service that will meet the reasonable requirements of state or local government:** | **Yes  No  Explain:** |
| **Mandatory:** | **Required** - Check whichever box applies and provide an explanation. |
| **Recommend for Approval**: | **Required** - Check whichever box applies and provide an explanation. |
| **Submit completed form to:** | Please visit the Arizona Set Aside Website to determine where your completed / signed document should be sent.  <https://spo.az.gov/procurement-services/set-aside> |