**Arizona State Set-Aside**

 **Certified Nonprofit Agency Proposal Form**

Proposal Form is submitted following the feasibility review and completion of the development process. The Proposal Form is to be complete and submitted to the Arizona State Set-Aside Committee representative at least 45 days in advance of the quarterly State Set-Aside Meeting.

|  |  |
| --- | --- |
| **Request Date** |  4-22-2020 |
| **Certified Nonprofit Agency** |  |
| **Point of Contact** |  Thomas Brown |
| **Project Name** |  Linens |
| **Product or Service Name** |  Institutional Linens |
| **Description** |  Pillow cases, towels and washcloths |
| **Materials readily available:** | **Yes X No If No – Explain:** |
| **Capable of timely delivery:** | **Yes X No If No – Explain:** |
| **Lead Time:** |  35 days |
| **Capable of meeting quality and price requirements:** | **Yes X No If No – Explain:** |
| **Quality and Price Benchmarks:** |  |
| **Type of Employment for Individuals with Disabilities:** | **Full-Time Part-Time Temporary Training**  |
| **Product Cost or Service Cost Form attached:** | **Attached X Not Attached If Not – Explain:** |
| **Product or service fair market price validation:** | **Attached X Not Attached If Not – Explain:** |
| **Estimated Sales:** | **$\_\_35,000\_\_\_\_\_\_\_\_ to Governmental Units** |
| **Brand Name Partner:** | **Yes No X If Yes – Explain:**  |
| **Mandatory:** | **Yes No If Yes – Explain:** |
| **Customer (Existing)** |  AZ Department of Corrections, AZ State Hospital, Juvenile Corrections |
| **Have You Contacted the Customer?**  | **No Yes Contact:** |
| **Customer (Proposed)** |  AZ Healthcare |
| **Geographic Coverage:** | **Entire State of Arizona X Other If Other - Explain:** |
| **Funding Source:** | **Federal State Self-funded X Other If Other - Explain:** |
| **Samples or Literature:** | **Attached X Not Attached**  |
| **Other information** |  |
|  |  |
| **ADOA Review:** |  |
| **Is there a need for the Product or Service:** | **Yes X No**  |
| **Impact on current state contracts:** | **Yes No X Explain: Replacement contract.** |
| **Agency capable of producing and delivering the product or service that will meet the reasonable requirements of state or local government:** | **Yes X No Explain: Demonstrated Historical Ability** |
| **Mandatory:** | **Yes No X Explain: Non-mandatory should customers seek other sources of supply or experience product discontinuance.** |
| **Recommend for Approval**: | **Yes X No Explain: Demonstrated ability to meet need and meets competitive benchmarks** |
| **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> |