**KANSAS STATE USE LAW**

**VENDOR CHECKLIST**

**Name of Proposed Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Service/Goods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Initial**
* **Annual Pricing Review**
* **Periodic Qualification Update**

**SECTION 1: To be completed for Initial and Periodic Qualification Updates only**

|  |  |
| --- | --- |
| **Date Received** | **Item to be Completed** |
|  | IRS determination letter confirming **501(c)(3) status** |
|  | **Articles of Incorporation** stating the agency's purpose; articles shall be certified by Kansas Secretary of State |
|  | Current **Agency By-Laws** which indicate that no part of the **net earnings** will accrue to the benefit of employees, directors, etc. |
|  | Products / Services must be **manufactured / performed and offered by Kansans** |
|  | Provide **samples of agency literature** which demonstrate how the agency portrays people with disabilities and / or endorsement of its nonprofit mission |
|  | Documentation of ratio of **direct labor** **hours** required to produce the goods / services offered: Persons with disability vs. persons without disability |
|  | Provide a statement which discusses the agency’s current efforts related to the Employment First Initiative which advocates providing assistance to individuals with disabilities become employed at competitive wages in integrated settings |

**SECTION 2: To be completed for Initial and Qualification Updates only**

|  |  |
| --- | --- |
| **Date Completed** | **Organizational Tour** |
|  | **Visitation by at least one member of the State Use Committee** to the agency prior to acceptance as a qualified State Use Vendor  \*Committee member must not have an employment relationship with organization  Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Verify Business is producing Goods/Services as outlined in request |
|  | Verify that work is being performed by Kansans with Disabilities |

**SECTION 3**

|  |  |
| --- | --- |
| **Date** | **Pricing and Inclusion**  **\*Competitive Open Market is defined as “available to the general public for prices that may be ceiling priced with the expectation of volume discounts”** |
|  | Proposed product/service is applicable to needs of customer and are there any current customers for product/service |
|  | Delivery Terms are consistent with those available on the open market |
|  | What Competitive Open Market vendors were used to verify pricing is competitive:  1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | If item is considered OEM or is nearly completed by another manufacturer please complete a Process Flow Work Sheet (Section 4) |
|  | PRICING SPREADSHEET RECEIVED FROM VENDOR |

**As outlined in K.S.A. 75-3317 through 75-3322 the State Use Law Committee recommends to the Director of Purchase that the organization listed above:**

* **Be recognized as a Qualified Kansas State Use Law Vendor**
* **Included in the Kansas State Use Law Catalogue for the Prices/Goods/Services submitted and discussed at the Kansas State Use Law Committee on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**
* **Pricing Effective through: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Exclusions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chairperson or Designee Date**

**Section 4:** To be completed if item is considered OEM or is nearly completed by another manufacturer

**Kansas State Use Law**

**Process Flow Worksheet**

**Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The purpose of this worksheet is to verify that work being performed by a Kansas State Use Law Vendor remains true to the spirit of the law and is grounded in providing work opportunity to Kansas Citizens with disabilities.

\*Each product is required to have a separate Process Flow Worksheet submitted.

**Work to be performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **STEPS** | **Indicate if work is performed by Employee who is disabled or non-disabled** | **% of overall time required to complete one unit** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |