



## CRITERIA FOR JOINING

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Vendors interested in participating in the Arkansas IT Staff Augmentation Contract must provide the CAI Vendor Management Team with the following documentation.

**Please note: All documentation can be returned via mail, fax, or email.**

METHOD OF SUBMISSION	
<b>Mail</b>	Computer Aid, Inc. Attn: Vendor Administrator 470 Friendship Road, Suite 300 Harrisburg, PA 17111
<b>Fax</b>	717-651-3182, Attn: Vendor Administrator
<b>Email</b>	Arkansas_Help@compaid.com

### SUBCONTRACTOR AGREEMENT

Please be sure to complete all parts of the subcontractor agreement. The agreement must be signed by an authorized representative of your company, and the signature **can't** be electronic.

### SMALL-/WOMAN-/MINORITY-OWNED BUSINESS CERTIFICATION

If your company is certified as a small-, woman-, or minority-owned business through any state or federal governmental agency, including Arkansas, please submit proof of certification.

If you would like to learn about becoming a certified minority-owned business in the state of Arkansas, please contact the Arkansas Economic Development Commission, Small and Minority Business Department at 501-682-2559. You can also visit their website:

<http://arkansasedc.com/business-development/small-and-minority-businesses.aspx>

**Please note:** Certification is not required to become an active vendor under this contract.

### W-9

Please provide a copy of your company's W-9. Be sure to include your company's Employer Identification Number (EIN).



## **CERTIFICATE OF INSURANCE**

Please provide a certificate of insurance that includes the following levels of coverage.

**Please note:** Computer Aid, Inc. should be listed as the Certificate Holder. In addition, the expiration date on the certificate must be at least thirty days from today's date.

### **Comprehensive General Liability Insurance**

Your company must possess Comprehensive General Liability (CGL) insurance with a minimum amount of \$2,000,000.

### **Workers' Compensation Insurance**

Your company must possess the following Worker's Compensation coverage:

- \$100,000 Each Accident
- \$500,000 Disease- Policy limit
- \$100,000 Disease- Each employee

## **MARKETING LITERATURE**

Please provide one or more of the following marketing items:

- **Evidence of a working website**
- **Published brochure**
- **Published write-up of your company's business offerings**
- **Image of your company's phone number from the phone book**

**If you have any questions, please contact the CAI Arkansas IT Staff Augmentation Help Desk at [Arkansas\\_Help@compaid.com](mailto:Arkansas_Help@compaid.com) or 800-635-5138.**