## Pre-ETS Renewal Application for Community Rehabilitation Partnership

*This application should be completed by applicants who have a current award to provide Pre-ETS services, are in good standing with the Division(s), and who wish to renew a partnership agreement with the Division(s).* ***You must complete the cover page in addition to this application form.*** *All other applicants should refer to the Pre-ETS Application for Community Rehabilitation Partnership.*

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| Applicant Information | | | | | | | | | | | | | | | | | | | | |
| Organization Name: | | | |  | | | | | | | | | | | | | Date: |  | | |
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| Current Pre-ETS Contract Number | | | |  | | | | Targeted Contract Start Date  (no sooner than 9/1/2024) | | |  | Targeted Contract End Date (min 6/max 12 mo from start) | | | | | | |  | |
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| Are there changes to your organization’s Contractor Administrator for your Pre-ETS program? | | | | | | | | | **NO**  *(skip to Performance Requirements section)* | | | |  | | **YES**  *(complete fields below)* | | | | |  |
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| Pre-ETS Contractor Administrator Name: | | | |  | | | | | | | | | | | | | | | | |
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| Mailing Address: | | | |  | | | | | | | | | | | | | | |  | |
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| Email: | | | |  | | | | | | | | | | | | | | | | |
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| Phone: | | | | (     ) | | | | | | | | | | | | | | | | |
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| Performance Requirements | | | | | | | | | | | | | | | | | | | | |
| 1. Describe any changes to your targeted student population from your current contract or select “No changes” if there are no changes *RACRP, Sec IV, A)*: | | | | | | | | | | | | | | | | | | | | |
| **No changes** | |  | Population: | |  | | | | | | | | | | | | | | | |
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| 1. Attach a copy of your organization’s mission, history, and primary purpose (*RACRP, Sec IV, B)*. | | | | | | | | | | | | | | | | | | | | |
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| 1. Attach a copy of your up-to-date organizational chart and list of Board Members with the members’ offices and professional affiliations (*RACRP, Sec IV, B).* | | | | | | | | | | | | | | | | | | | | |
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| 1. Attach a copy of your organization’s customer satisfaction and customer complaint policies (*RACRP, Sec IV, B)*. | | | | | | | | | | | | | | | | | | | | |
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| 1. Attach a copy of your workplace policies addressing ADA, EEO, and OSHA (*RACRP, Sec IV, B).* | | | | | | | | | | | | | | | | | | | | |
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| 1. Describe the roles and responsibilities for each position used to support the Pre-ETS program *(RACRP, Sec IV B)*. | | | | | | | | | | | | | | | | | | | | |
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| 1. Attach copies of any licenses, certifications, or accreditations maintained by your agency related to the Pre-ETS performance requirements *(RACRP, Sec IV, B)*. | | | | | | | | | | | | | | | | | | | | |
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| 1. If there are changes to your targeted student population from your current contract (Item 1, above), then describe your organization’s capacity for carrying out Pre-ETS services with these students or select “No changes.” If you intend to expand your targeted student population, indicate any existing relationships with school, partners, community partners, and local VR staff and how you have developed partner buy-in and commitment to generating student referrals in the new service area. *(RACRP, Sec IV, B):* | | | | | | | | | | | | | | | | | | | | |
| **No changes** | |  | Capacity: | |  | | | | | | | | | | | | | | | |
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| 1. Describe any changes to the location of your Pre-ETS Services (e.g., schools, classrooms, workplaces, community locations, or locations operated by the Applicant) or select “No changes” *(RACRP, Sec IV,C):* | | | | | | | | | | | | | | | | | | | | |
| **No changes** | |  | Location: | |  | | | | | | | | | | | | | | | |
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| 1. Indicate your response to the following for your organization: My organization will provide Pre-ETS services in locations which are safe and accessible to student participants in accordance with Sections 504 and 508 of the Rehabilitation Act of 1973, as amended (U.S.C. §794), and the Architectural Barriers Act of 1968 (42 U.S.C. §4151 et seq.) *(RACRP, Sec IV, C)*. | | | | | | | | | | | | | | | | | | | | |
| **YES** | | | | | |  | **NO** | | | | | | | | |  | | | | |
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| 1. Indicate your response to the following for your organization: Any work-based learning experiences coordinated by my organization will be provided in integrated community settings and within operations for which employees are compensated competitively. *(RACRP, Sec IV, C).* | | | | | | | | | | | | | | | | | | | | |
| **YES** | | | | | |  | **NO** | | | | | | | | |  | | | | |
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| 1. Program of Services and Program Milestones: Complete and attach the *Pre-ETS Standard Milestone Selection Page* to indicate the standard milestones you will make available and the number of student outcomes you intend to achieve in each standard milestone area *(RACRP, Sec IV, D).* | | | | | | | | | | | | | | | | | | | | |
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| 1. Describe how you plan to make the standard milestones you selected in Item 12 above available to the student population indicated in Item 1 above. Discuss whether you will provide services 1:1 or in groups and your anticipated program schedule (frequency of sessions, sequence of milestones, and whether any milestones will be provided to a student simultaneously). *(RACRP, Sec IV, D):* | | | | | | | | | | | | | | | | | | | | |
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| 1. Describe any changes to curricula and assessment instruments you intend to use to deliver the Standard Pre-ETS Milestones you have selected in Item 12 above (*RACRP, Sec IV, D, iii*): | | | | | | | | | | | | | | | | | | | | |
| **No changes** | |  | Curriculum/  Assessments | |  | | | | | | | | | | | | | | | |
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| *Please note that successful applicants will be required to submit/update additional assurances as outlined in the RACRP, Section VI, Subsection D, if a partnership agreement is executed* | | | | | | | | | | | | | | | | | | | | |