



INSTRUCTIONS – HOW TO BECOME A VENDOR

Thank you for your interest in becoming a registered vendor with the Florida Department of Education, Division of Vocational Rehabilitation (DVR). We are pleased to have the opportunity to enter into this partnership with you to assist our consumer in preparing for, securing, regaining, or retaining employment.

If you are not already registered with MyFloridaMarketPlace (MFMP) you will need to apply for registration with them before your vendor registration can begin with DVR.

1. Register with the MyFloridaMarketPlace (MFMP), the statewide electronic purchasing and payment system at http://dms.myflorida.com/egovernment_tools/myflorida_marketplace. MyFloridaMarketPlace, a web-based procurement system, is designed to streamline interactions between vendors and state government entities. All vendors wishing to do business with the state of Florida, whether a supplier of paper clips or a physician providing medical services, must first be a registered vendor with the state. This is a very important step because this system allows payments to be made to a vendor for their commodities or services.

This online registration must take place prior to DVR's Standard Vendor Application process being initiated. If you experience problems completing your MFMP registration, please contact the MFMP Customer Service Help Desk at 1-866-352-3776.

Vendors providing direct service to eligible clients are exempt from the 1% fee that MFMP usually charges, even though vendors must sign that they will accept the fee. There will be a disclaimer on all DVR authorizations that ensures that DVR vendors of direct client services are not subject to this fee.

2. Complete the electronic Substitute Form W-9 with the Department of Financial Services.

Proceed to <https://flvendor.myfloridacfo.com> to file your electronic Substitute Form W-9. All vendors must register on the W-9 website to receive a User ID and create a password. **You will not be paid for your services unless you have submitted the electronic Substitute Form W-9.**

Note: Your MyFloridaMarketPlace User ID and password is not valid on the W-9 website.

Contact the Department of Financial Services Vendor Management Section at (850) 413-5519 or FLW9@myfloridacfo.com if you have any questions or problems submitting your electronic Substitute Form W-9.

3. Complete the DVR Standard Vendor Application.

This Standard Vendor Application must be completed, signed and dated. The application can also be found on our website www.rehabworks.org on the "Vendors" page.

4. Go to DVR's website at www.rehabworks.org and click on the "Vendors" link and look at the "Vendor Qualifications Manual." In this manual you will find the type of services you wish to provide and the necessary qualifications and documents needed for submission to DVR to obtain registration.

If you have any questions, comments, or concerns please do not hesitate to contact Vendor Registration at 866-580-7438 or 850-245-3401.



VENDOR APPLICATION COVER SHEET

Please attach your vendor application and any supporting documentation to this cover sheet when submitting your request to the [Division of Vocational Rehabilitation \(DVR\)](#).

☒ SELECT ONE OF THE FOLLOWING OPTIONS REGARDING YOUR APPLICATION SUBMISSION:

☐ 1. NEW APPLICATION (First-Time Applicants)
*NOTE: [MyFloridaMarketPlace\(MFMP\)](#) registration and W-9 submission **MUST** be completed **PRIOR** to submitting application.*

☐ 2. RE- REGISTRATION (Renewals)
For groups, companies or individuals who have been approved as a vendor with VR in the past, but whose registration has become inactive and needs to be renewed.

☐ 3. UPDATE OR CHANGE IN VENDOR NUMBER*
For current VR vendors who are requesting to change their vendor number (FEIN/TAX ID/ SSN)

COMPLETE THIS SECTION IF OPTION #3 IS SELECTED

CURRENT VENDOR NUMBER: _____

NEW VENDOR NUMBER: _____

Indicate whether you will be providing services under both vendor numbers or if you wish to discontinue the use of the current vendor number.

☐ KEEP CURRENT VENDOR ID NUMBER ACTIVE & ADD THE NEW ONE AS AN ADDITIONAL RECORD

☐ DISCONTINUE USE OF CURRENT VENDOR ID NUMBER, MAKING IT INACTIVE FOR USE BY DVR

Authorized Signature

Date

Printed Name



STANDARD VENDOR APPLICATION

(Please Type or Print the Following Information)

MYFLORIDAMARKETPLACE VENDOR NUMBER _____

Business Federal Employer Identification or Individual Social Security Number

NAME OF BUSINESS (as registered in MyFloridaMarketPlace): _____

INDIVIDUAL'S NAME: _____

Please indicate the name of the individual for whom the application applies.

LOCATION ADDRESS: _____

City

State

Zip Code + 4 Digit

MAILING ADDRESS: _____

City

State

Zip Code + 4 Digit

REMITTANCE ADDRESS: _____

City

State

Zip Code + 4 Digit

TELEPHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME AND TITLE: _____

CONTACT EMAIL ADDRESS AND PHONE NUMBER:

Email Address

Phone Number

TYPE OF BUSINESS OR SERVICE FOR WHICH YOU ARE APPLYING FOR CERTIFICATION. Please choose vendor service type as listed in the Vendor Qualifications Manual.

IS BUSINESS CLASSIFIED AS PRIVATE OR PUBLIC?

PRIVATE ENTITY ☐ OR PUBLIC ENTITY ☐

PROFESSIONAL LICENSE/CERTIFICATE NUMBER: _____

Expiration Date: _____ (e.g., medical license; real estate license; teacher's certificate; FRID/NRID certificate; etc.) If applicable, attach legible copy.

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(Please Type or Print the Following Information)

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING IN THE DEPARTMENT OF EDUCATION?

Circle One: YES NO

IF YES, PLEASE INDICATE WHO _____

PLEASE READ AND SIGN BELOW:

We will accept and render services to clients of the Division of Vocational Rehabilitation (DVR) on a non-discriminatory basis without regard to race, color, religion, sex, national origin, age, disability, political affiliation or belief. I/We agree to comply with the Americans with Disability Act of 1990 as appropriate to the business.

Signature

Date

Printed Name of Applicant

IS YOUR APPLICATION COMPLETE?

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- ☐ Registered in MyFloridaMarketPlace
 - ☐ Submitted the electronic W-9 to the Department of Financial Services
 - ☐ Included "Type of Business or Service" for which you are applying for certification
 - ☐ Included legible copy of professional licenses/certificates as outlined in the Vendor Qualifications Manual
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Please mail or fax application and all required documents, if any, to:

Florida Department of Education
Division of Vocational Rehabilitation
Vendor Registration Unit
2002 Old Saint Augustine Road, Bldg. A
Tallahassee, FL 32301-4862
Fax Number: 850-245-3394

If you have any questions that pertain to this application, please contact

Vendor Registration Unit at 866-580-7438 or 850-245-3401

We can also be contacted via email at

VRVendors@vr.fldoe.org