

New Vendor Request

DATE:

Vendor Requirements: *Vendor must be able to check ALL boxes*

| | |
|--------------------------|--|
| <input type="checkbox"/> | Vendor will accept Horizon Charter School Vouchers |
| <input type="checkbox"/> | Vendor can provide a current Business License |
| <input type="checkbox"/> | Vendor can commit to obtain/provide Insurance listing Horizon Charter Schools as an additional insured |
| <input type="checkbox"/> | Vendor can commit to obtain /verify DOJ clearance for all employees working directly with students |
| <input type="checkbox"/> | Vendor must provide services in at least 1 of our 6 County areas (excepting online services) |



Proceed only if you will be able to meet the 5 requirements above

Contact Information:

| | | | |
|--------------------------|----------------------|---------------------|----------------------|
| Business Name: | <input type="text"/> | Phone: | <input type="text"/> |
| Business Website: | <input type="text"/> | Email: | <input type="text"/> |
| Contact Name: | <input type="text"/> | Referred by: | <input type="text"/> |

Type of Location: *check all that apply*

| Commercial Location | Vendor Home <i>(Home visit required)</i> | Student Home or Public Space <i>(use mailing address for Service Location)</i> | Online |
|--------------------------|---|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Service Location: *(if meeting in public or student home, provide your mailing address)*

| Street Address | City | Zip |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Type of Service provided: *check all that apply (some services may be restricted)*

| Core Classes | Enrichment Classes | Tutoring | Field Trips |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Subject Area: *Vendor services must be used to address California State General Education Content Standards*

| Core Subjects | Foreign Language | Visual and Performing Arts | Electives | Physical Education | Technology |
|---|--|---|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> History <input type="checkbox"/> Science | <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Other _____ | <input type="checkbox"/> Music <input type="checkbox"/> Art <input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Email this form to Horizon Contract Programs: cp@hcs.k12.ca.us

or FAX: (916)-408-5296 or MAIL to: HCS Attn: Contract Programs P.O. Box 489000, Lincoln, CA 95648

Eligible prospective vendors will be sent a complete Vendor Contract from Horizon within 2 weeks

For Internal Use Only:

| | |
|--|--|
| Home Visit or Observation Needed: <input type="checkbox"/> NO <input type="checkbox"/> YES | <input type="checkbox"/> Preliminary Approval: _____ |
| <input type="checkbox"/> Vendor Declined / Reason: _____ | Contract Sent: _____ |