

Maryland State Department of Education
Division of Rehabilitation Services
Provider/Vendor Application Review Checklist

Provider/Vendor Applicant Name: _____

Date Application Received: _____

☐ OFS Approved ☐ OFS Not Approved

Comments:

OFS Director/Designee Signature/Date

☐ OBVS Approved ☐ OBVS Not Approved

Comments:

OBVS Director/Designee Signature/Date

☐ Community-Based & Workforce Services Approved
☐ Community-Based & Workforce Services Not Approved

Comments:

Director, Community-Based & Workforce Services Signature/Date

☐ AFS (Program Income/CRPs) Approved ☐ AFS (Program Income/CRPs) Not Approved

Comments:

Program Income or CRP Specialist Signature/Date

☐ Business Relations Approved ☐ Business Not Approved

Comments:

Business Relations Manager/Designee Signature/Date

Administration & Financial Services – Disposition

☐ **AFS Not Approved**

Comments:

AFS Director/Designee Signature/Date

☐ **AFS Approved**

Comments:

AFS Director/Designee Signature/Date