INTENSIVE PEER SUPPORT SERVICES (IPSS) OPEN ENROLLMENT APPLICATION, ATTACHMENTS AND REQUIRED FORMS

INSTRUCTIONS

1. Application must be completed and signed in Section IV below (Certification) for it to be accepted by DFPS. If it is not signed**,** the Application and Required documents will be sent back to the Applicant to sign it.
2. Applicant will submit their Application in its entirety with all the required documents in File Folders 1 and 2 in Appendix A below to DFPSCWOPContracts@dfps.texas.gov.
3. If applying in more than one DFPS Region, Applicant will submit one Application. Check all the counties the Applicant is applying to provide IPSS Services.
4. If DFPS has difficulty accessing the Applicant's documents or they are missing or incomplete, the Applicant will be required to re-submit documents as directed by DFPS.
5. Incomplete applications will result in the discontinuation of the application review process. Applicant must answer every question below. If the question is not applicable, write "N/A".

SECTION I – APPLICANT INFORMATION

Legal Name of Applicant			
Office Address			
City, State, Zip			
Mailing Address			
City, State, Zip			
Phone			
Contact Person		Title	
Contact's E-mail			
Contact Person's Phone			

Authorized Signatory		Title	
Authorized Signatory E-mail			
Authorized Signatory Phone			
Billing Person		Title	
Billing Person's E-mail			
Billing Person's Phone			

Doing Business As Name (DBA) or Parent Organization Indicate if different from Legal Name above:

Attach a copy of Assumed Name Certificate

If an Applicant has a Parent Organization, attach a copy of the agreement between the Applicant and the Parent Organization

Mailing Address - If different from Office Address above
Applicant:
Parent Organization:

Vendor ID Number:

Federal ID Number – If different from Vendor ID Applicant: Parent Organization:	

Name of Person Authorized to Sign Contract	Title	Phone Number: Email:
Name of Person Responsible for Billing	Title	Phone Number: Email:

Type of Applicant – Check appropriate box(es) and attach documentation as indicated

☐ Governmental Entity
Do you have taxing authority? ☐Yes ☐No

☐ Private Corporation ☐For Profit ☐Non-Profit	State of Incorporation: _____ Charter Number: _____ Attach a copy of Certificate of Incorporation
☐ Limited Liability Company (LLC)	Attach a copy of the Articles of Formation
☐ Partnership ☐Limited ☐General	Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement.
☐ Sole Proprietorship	

Are you a certified Texas HUB?

☐ Yes – Attach a copy of HUB certification form.
☐ No – Select all that apply if you fall into one or both of the categories below:

☐ Minority Owned Business ☐ Woman Owned Business

SECTION II – ELIGIBILITY REQUIRMENTS

(See Section 1.5 of the Open Enrollment)

1. Service Delivery Area

Indicate which Counties in the DFPS Regions you are applying to provide Intensive Peer Support Services.

DFPS Region 1 Service Delivery Area		
☐ Check if applying for all Counties in Region 1		
☐ Armstrong	☐ Garza	☐ Moore
☐ Bailey	☐ Gray	☐ Motley
☐ Briscoe	☐ Hale	☐ Ochiltree
☐ Carson	☐ Hall	☐ Oldham
☐ Castro	☐ Hansford	☐ Parmer
☐ Childress	☐ Hartley	☐ Potter

☐ Cochran	☐ Hemphill	☐ Randall
☐ Collingsworth	☐ Hockley	☐ Roberts
☐ Crosby	☐ Hutchinson	☐ Sherman
☐ Dallam	☐ King	☐ Swisher
☐ Deaf Smith	☐ Lamb	☐ Terry
☐ Dickens	☐ Lipscomb	☐ Wheeler
☐ Donley	☐ Lubbock	☐ Yoakum
☐ Floyd	☐ Lynn	

DFPS Region 2 Service Delivery Area		
☐ Check if applying for all Region 2 Counties		
☐ Archer	☐ Foard	☐ Runnels
☐ Baylor	☐ Hardeman	☐ Scurry
☐ Brown	☐ Haskell	☐ Shackelford
☐ Callahan	☐ Jack	☐ Stephens
☐ Clay	☐ Jones	☐ Stonewall
☐ Coleman	☐ Kent	☐ Taylor
☐ Comanche	☐ Knox	☐ Throckmorton
☐ Cottle	☐ Mitchell	☐ Wichita
☐ Eastland	☐ Montague	☐ Wilbarger
☐ Fisher	☐ Nolan	☐ Young

DFPS Region 4 Service Delivery Area		
☐ Check if applying for all Region 4 Counties		
☐ Anderson	☐ Harrison	☐ Red River
☐ Bowie	☐ Henderson	☐ Rusk
☐ Camp	☐ Hopkins	☐ Smith
☐ Cass	☐ Lamar	☐ Titus
☐ Cherokee	☐ Marion	☐ Upshur
☐ Delta	☐ Morris	☐ Van Zandt
☐ Franklin	☐ Panola	☐ Wood
☐ Gregg	☐ Rains	

DFPS Region 5 Service Delivery Area		
☐ **Check all if applying for all Region 5 Counties**		
☐ Angelina	☐ Nacogdoches	☐ San Augustine
☐ Hardin	☐ Newton	☐ San Jacinto
☐ Houston	☐ Orange	☐ Shelby
☐ Jasper	☐ Polk	☐ Trinity
☐ Jefferson	☐ Sabine	☐ Tyler

DFPS Region 9 Service Delivery Area		
☐ **Check all if applying for all Region 9 Counties**		
☐ Andrews	☐ Howard	☐ Reagan
☐ Borden	☐ Irion	☐ Reeves
☐ Coke	☐ Kimble	☐ Schleicher
☐ Concho	☐ Loving	☐ Sterling
☐ Crane	☐ Martin	☐ Sutton
☐ Crockett	☐ Mason	☐ Terrell
☐ Dawson	☐ McCulloch	☐ Tom Green
☐ Ector	☐ Menard	☐ Upton
☐ Gaines	☐ Midland	☐ Ward
☐ Glasscock	☐ Pecos	☐ Winkler

DFPS Region 10 Service Delivery Area		
☐ **Check if applying for all Region 10 Counties**		
☐ Brewster	☐ El Paso	☐ Jeff Davis
☐ Culberson	☐ Hudspeth	☐ Presidio

DFPS Region 11 Service Delivery Area		
☐ **Check if applying for all Region 11 Counties**		
☐ Aransas	☐ Jim Hogg	☐ Refugio
☐ Bee	☐ Jim Wells	☐ San Patricio
☐ Brooks	☐ Kennedy	☐ Starr
☐ Cameron	☐ Kleberg	☐ Webb
☐ Duval	☐ Live Oak	☐ Willacy
☐ Hidalgo	☐ Mc Mullen	☐ Zapata
	☐ Nueces	

2. **Insurance.** Indicate in the table below if requirements in Section 2.16 of the Open Enrollment are met. See Section 2.16 of the Open Enrollment for more information.

Commercial General Liability: Minimum combined bodily injury (including death) and property damage limits of $1,000,000 per occurrence, and $2,000,000 aggregate. Must include a Sexual Molestation and Abuse endorsement coverage with a minimum limit of $1,000,000. ☐Yes ☐No
Commercial Crime Policy with a 3rd Party and Employee Dishonesty or "Client Property" endorsement. Minimum required coverage is $25,000. ☐Yes ☐No
Business Automobile Liability Insurance or equivalent insurance coverage to cover losses from automobile accidents while transporting DFPS clients with a minimum limit of $1,000,000. The Business Automobile Liability insurance or equivalent insurance coverage must include Owned (as applicable), Hired, and Non-owned endorsements or equivalent endorsements. ☐Yes ☐No
The Certificate of Insurance must be issued to DFPS to designate DFPS as the Certificate Holder. Contractor must submit insurance coverage documentation with the signed Contract. DFPS will not execute a Contract if this documentation is not provided or is found to not meet the insurance requirements.

SECTION III – EXECUTIVE ORDER 48 COMPLIANCE

On November 19, 2024, Governor Greg Abbott issued Executive Order No. GA-48 relating to the hardening of state government (EO 48).

By submitting this application, the Applicant certifies that it is not, and, if applicable, any of its holding companies or subsidiaries, is not:

1. Listed in Section 889 of the 2019 National Defense Authorization Act (NDAA);
2. Listed in Section 1260H of the 2021 NDAA;
3. Owned by the government of a country on the U.S. Department of Commerce's foreign adversaries list under 15 C.F.R. § 791.4; or
4. Controlled by any governing or regulatory body located in a country on the U.S. Department of Commerce's foreign adversaries list under 15 C.F.R. § 791.4.

In addition, the Applicant must provide DFPS with a copy of its corporate structure, which should include any owners, holding companies, and subsidiaries, and any relevant documents to show that it does not meet any of the above-listed criteria.

SECTION IV – CERTIFICATION

I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this Open Enrollment.	
Signature of Authorized Representative	Date
Name of Authorized Representative (Printed)	Title of Authorized Representative (Printed)

APPENDIX A – Attachments

1. In addition to this Application, the Applicant must submit the following forms and documents in the File Folders designated below.
2. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
3. Save forms in an electronic file by the File Folder numbers.
4. For the Application and the forms that require signature, print, sign and save in an electronic format.

FILE FOLDER 1: APPLICATION AND REQUIRED DOCUMENTS

ELECTRONIC FILE NAME	DESCRIPTION	Required or If Applicable
01-Application	Application for Enrollment	Required
01.A-Insurance	Insurance Document	Required
01.B-DBA	Assumed Name Certificate Attachment	If applicable
01.C-Incorporation	Certificate of Incorporation Attachment	If applicable
01.D-LLC	LLC Articles of Formation Attachment	If applicable
01.E-Partnership	Partnership Agreement Attachment	If applicable
01.F-Partners	Names and addresses and for each partner	If applicable
01.G-HUB	HUB Certification Form	If applicable
01.H-Structure	Corporate Structure	If applicable
01.I-Qualifications	Documentation to verify that minimum qualifications are met	Required

FILE FOLDER 2: REQUIRED FORMS

Electronic File Name – Form Number	NAME	PURPOSE	Document Location
74-176	Vendor Direct Deposit Form	Direct Deposit Authorization	74-176
1513	Disclosure of Ownership and Control Interest Statement	Documents ownership and financial interest information	1513
9007FFS	Internal Control Structure Questionnaire	Contractor's disclosure of internal controls. Instructions included	9007FFS
AP-152	Application for Texas Identification Number/Additional Mailing Address	Application for Texas Identification Number	AP-152

F-500-2970c	Criminal or Abuse/Neglect History for Applicants, Employees, or Volunteers of DFPS Contractors and Subcontractors	Used to disclose criminal and abuse/ neglect history for those who will be involved in direct delivery services with DFPS clients. Instructions included.	2970C
F-500-2971c	Request for Criminal History and DFPS History Check for Purchased Client Services Contractors	Used to submit background checks for those who will be involved in direct delivery services with DFPS clients. Instructions included.	2971C
2031	Signature Authority Designation	Used to establish authorized signature authorities and designees	2031
4543V	Vendor Certifications and Affirmations	Vendor Certifications and Affirmations	4543