**APPLICATION AND CONTRACT**

1. **Identification Information**

|  |  |
| --- | --- |
| Legal Entity Name of Applicant |  |
| Doing Business As (DBA) Name  If different from Legal Entity Name | Attach a copy of Assumed Name Certificate |
| **Vendor ID Number** | **Federal ID Number** – If different from Vendor ID |

1. **Type of Applicant –** Check **“√”** appropriate box(es) attach documentation as indicated.

|  |
| --- |
| Individual/Sole Proprietor |
| Corporation  Type of Corporation: For Profit Non-Profit  State of Incorporation:       Charter Number:  **Attach a copy of Certificate of Incorporation** |
| Partnership  Type of Partnership: Limited General  **Attach a copy of Partnership Agreement.**  **If applicable, also attach a copy of the Signatory Assignment** |
| Limited Liability Company or  Professional Limited Liability Company  **If applicable, also attach copy of Articles of Formation** |

1. **Contact Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Address** (Street-Suite #) | | **Office Address** (City, State, Zip) | |
| **Mailing Address** (P.O. Box)  If different from Office Address above | | **Mailing Address** (City, State, Zip)  If different from Office Address above | |
| **Phone**-Primary Office | **Fax**-Primary Office | | **E-Mail**-Primary Office |
| **Name-**Primary Contact Person | | **Title-**Primary Contact Person | |
| **Phone**-Primary Contact Person | **Alternate Phone**-Primary Contract Person | | **E-Mail**- Primary Contract Person |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name-** Person Authorized to Sign Contract | | **Title-** Person Authorized to Sign Contract | |
| **Phone**- Person Authorized to Sign Contract | **Alternate Phone**- Person Authorized to Sign Contract | | **E-Mail**- Person Authorized to Sign Contract |
| **Name**-Person Responsible for Billing | | **Title**- Person Responsible for Billing | |
| **Phone**- Person Responsible for Billing | **Alternate Phone**- Person Responsible for Billing | | **E-Mail**- Person Responsible for Billing |

DFPS will send contract-related communications to the Primary Contact listed above. The Contractor must maintain and monitor at least one (1) active email address for the receipt of the contract-related communications from DFPS. It is the Contractor's responsibility to monitor this e-mail address for Contract related information.

1. **Services to Be Provided**

Contractor will provide Supervised Visitation as specified in Provider Enrollment HHS0000096, upon DFPS request.

1. **Region to be Served**

Applicant must mark with a **“√”** next to the Region(s) to be served.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Region **One** (1) |  |  | Region **Seven** (7) |  |
| Region **Two** (2) |  |  | Region **Eight** (8) |  |
| Region **Three** (3) |  |  | Region **Nine** (9) |  |
| Region **Four** (4) |  |  | Region **Ten** (10) |  |
| Region **Five** (5) |  |  | Region **Eleven**(11) |  |
| Region **Six** (6) |  |  |  |  |

Click on the icon to see a DFPS Regional map



1. **Contractor Background**

a. Does the Contractor have contracts with DFPS or other State Agencies?

Yes No

If yes, is the Contractor's organization currently under any corrective action plan for any of

the contracts with DFPS or State Agencies?

Yes No

b. Have any contracts been terminated for cause in the last five (5) years?

Yes (Provide copy of the termination notice) No

1. **Insurance**
   1. Review the minimum insurance requirements in PEN §2.8 Insurance Standards. Applicants must meet all requirements as outlined. Indicate in the table below, if requirement is met:

|  |  |
| --- | --- |
| Commercial General Liability  Yes No | Applicant does not have required Commercial General Liability insurance, but will obtain within the PEN defined timeframe:  Yes No |
| Professional Liability Insurance  Yes No | Applicant does not carry Professional Liability Insurance for our employees or subcontractors, but will obtain within the PEN defined timeframe:  Yes No N/A |
| Commercial Crime**\***  Yes No N/A | Applicant does not have required commercial crime insurance, but will obtain within the PEN defined timeframe:  Yes No |

Attach a copy of the Form 4736, Certificate of Insurance (COI) or equivalent (ACORD Certificate of Insurance, for example) for each policy currently in force and referenced within the table. Form 4736 is the preferred verification because this DFPS Certificate of Insurance has been approved by the Texas Department of Insurance.

**\***Business entities with no employees and hospitals are exempt from the crime policy insurance requirement.

* 1. **For Employees and Subcontractors**

Applicant’s organization requires individual professional employees and subcontractors to secure their own Professional Liability Insurance:

Yes No N/A

1. **Incorporation by Reference**

The following documents are incorporated into the Contract for all purposes:

8.1. DFPS Vendor Uniform Contract Terms and Conditions - Form 5645V

8.3. DFPS Vendor Special Conditions – Regional Contracts - Form 5622VRG

8.4. Provider Enrollment **HHS0000096**, including all addenda and attachments

8.5. Attachment A-3 and A-3a, as completed by the Contractor, including all addenda and

attachments

8.6. Each Service Authorization Form 2054, prepared by DFPS

1. **Order of Precedence**

The Contractor will provide the services and deliverables described and required by all the documents listed in this Section. In the event of conflicts or inconsistencies between documents, such conflicts or inconsistencies will be resolved by reference to the documents in the following order of precedence:

9.1. This PEN Application and Contract, 2280PEN, and any amendments thereto;

9.2. DFPS Vendor Uniform Contract Terms and Conditions;

9.3. DFPS Vendor Special Conditions – Regional Contracts - Form 5622VRG

9.5. Provider Enrollment **HHS0000096** and any amendments thereto;

9.6. Each Service Authorization Form 2054 prepared by DFPS; and

9.7. Attachment A-3 and A-3a, as completed by the Contractor, including all addenda and attachments, and any amendments thereto.

1. **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 Provider Enrollment.  By signing this PEN Application and Contract, applicant certifies that if a Texas address is shown as the address of the applicant, applicant qualifies as a Texas Resident Bidder as defined in Texas Administrative Code, Title 34, Part 1, Chapter 20.  DFPS will post all official communication regarding this PEN on the [Electronic State Business Daily](http://esbd.cpa.state.tx.us/) (ESBD). DFPS reserves the right to revise the PEN at any time. Contractors must comply with any changes, amendments, or clarifications posted to ESBD. It is the responsibility of the Contractor to periodically check the ESBD for updates to the procurement. The Contractor’s failure to periodically check the ESBD will not release the Contractor from “addenda or additional information” resulting in additional costs to meet the requirements of the PEN.  The undersigned representative agrees to all the terms and conditions specified in the Contract and by signing below agrees to execute the terms and conditions of the Contract upon receipt of a 2054 from the Department. | |
| Signature of Authorized Representative | Date |
| Name of Authorized Representative (Printed) | Title of Authorized Representative (Printed) |
| Signature of Authorized DFPS Representative | Date |
| Name of Authorized DFPS Representative (Printed) | Title of Authorized DFPS Representative (Printed) |

1. **Contract Information – For DFPS Use ONLY**

**DFPS will complete the information below** once Application is screened, reviewed, and accepted for contract.

* 1. **Notices**

Any notice required or permitted under this contract by the Contractor to DFPS must be in writing and submitted to the DFPS address below:

|  |
| --- |
| **DFPS Office Address** (Street;-Suite #; or P.O. Box) |

* 1. **Contract Term**

|  |  |
| --- | --- |
| **Contract Number** (DFPS staff will complete) |  |
| The initial contract period will begin on the effective date stated below, with the total contract term not to exceed sixty (60) months. | |
| **Effective Date of Contract** |  |
| **End Date of Contract** | **March 31, 2023** |