**Attachment A-3**

**Contractor Service Information**

1. **Service Delivery Staff Qualifications**

Each direct service provider must meet the Minimum Qualifications described in Provider Enrollment (PEN) §2.7. Use the link below, to access the Contracting Entity and List of Staff, Form PCS-102 Visitation and complete all information for each person who will provide services under any contract award pursuant to this PEN. Submit the completed form with the Application packet.

<http://www.dfps.state.tx.us/PCS/Regional_Contracts/forms.asp>

1. **Subcontracts**

If you have indicated the use of subcontractors on PCS-102 Visitation, the following must be submitted for review:

Subcontracting policies and procedures and a copy of the subcontract to be used in the delivery of services being contracted and that are in compliance with procurement, monitoring and processing back ground check requirements. DFPS will utilize the Subcontracting Review & Acceptance Form, PCS-107 to document acceptance of these policies and procedures and the subcontract document. The Contractor is encouraged to use Form PCS-107: located at:

<http://www.dfps.state.tx.us/PCS/Regional_Contracts/forms.asp>

1. **Service Delivery Area Detail**

Double click on the icon below to open the Region to be served. Then choose the counties to be served from the list. Return the Service Delivery Area detail page for the service region with your completed Application packet.

|  |  |  |  |
| --- | --- | --- | --- |
| Region 1: |  | Region 7: |  |
| Region 2: |  | Region 8: |  |
| Region 3: |  | Region 9: |  |
| Region 4: |  | Region 10: |  |
| Region 5: |  | Region 11: |  |
| Region 6: |  |  |  |

1. **Satellite Offices**
   1. Will you, your staff, or subcontractors be delivering services from satellite office sites other than the location listed in #3, Form 2280PEN, Application and Contract?

Yes - (*if yes, continue to question 4.2*)

No

* 1. Designate any satellite offices by completing the table and providing a schedule in the table(s) below indicating days and times routinely available to provide services at each service location. These represent only routine days and times. Applicant will be expected to adjust schedule to accommodate the needs of DFPS clients. Use additional copies of this section, as necessary, to provide complete information.

|  |  |  |  |
| --- | --- | --- | --- |
| Service Delivery Address |  | | |
| City, State, Zip |  | | |
| Phone |  | Fax |  |
| Contact Person |  | E-mail |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY** | **HOURS** | | | |
|  | **From** | **To** | **From** | **To** |
| **Example** | **7 AM** | **Noon** | **2 PM** | **7 PM** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Service Delivery Address |  | | |
| City, State, Zip |  | | |
| Phone |  | Fax |  |
| Contact Person |  | E-mail |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DAY** | **HOURS** | | | |
|  | **From** | **To** | **From** | **To** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |