**APPLICANT DOES NOT SIGN. IF AWARDED A CONTRACT, DFPS WILL PREPARE A CONTRACT FOR EXECUTION**

**5.2 SIL OPEN ENROLLMENT SAMPLE BASE CONTRACT**

**DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES**

**VENDOR CONTRACT**

## PURPOSE.

The Texas Department of Family and Protective Services (DFPS) and click here to enter text (Contractor) (referred to herein as each a “Party” and collectively as the “Parties”) enter into this Contract for Supervised Independent Living (SIL) services (Contract) <add if applicable - with Enhanced Case Management Services> in XXXX setting(s) in the DFPS Region XXXX as a result of DFPS’ SIL Open Enrollment HHS0001478 (SIL Open Enrollment).

## LEGAL AUTHORITY.

This Contract is entered under DFPS’ statutory authority in Texas Human Resources Code Chapter 40.

## CONTRACT TERM.

This Contract starts on click here to select contract start date and ends on click here to select contract end date, and can be renewed, extended or terminated as provided for in this Contract.

## STATEMENT OF WORK.

1. The Contractor will provide services in accordance with and at the Fee Schedule in SIL Open Enrollment and the Contract Documents File that is posted on the Electronic State Business Daily (ESBD) at <http://www.txsmartbuy.com/sp> and the HHS Enrollment site at <https://apps.hhs.texas.gov/pcs/openenrollment.cfm>.
2. The Contractor agrees to comply with terms of the SIL Open Enrollment and Contract Attachment File as it is posted and any updates to it, including where it is posted if the ESBD or HHS Enrollment site locations are updated.
3. The Contractor is responsible for periodically checking ESBD and the HHS Enrollment site, or any successor to these sites, to ensure compliance with any updates to the SIL Open Enrollment and Contract Documents File.
4. All work and services provided under this Contract must be in accordance with all state and federal laws, rules and regulations
5. [DELETE E. IF NOT APPLICABLE] The Contractor agrees to comply with the following Fiscal Provisional Conditions:
6. [DELETE F. IF NOT APPLICABLE] The Contractor agrees to comply with the following Programmatic Provisional Conditions:

## CONTRACT MANAGER.

These Contract Managers are authorized to administer activities and receive notices and general correspondence for this Contract by sending it to them as provided below.

1. **DFPS**

Name:

Title:

Address:

Phone:

Email:

1. **CONTRACTOR**

Name:

Title:

Address:

Phone:

Email:

## SIGNATORIES.

By signing below, the following certify that they have the requisite legal authority to bind their respective Party and that this Contract represents the final agreement of the Parties.

|  |  |
| --- | --- |
| DFPS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **NAME:**  **TITLE:**  **DATE:** Click or tap to enter a date. | CONTRACTOR **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NAME:**  **TITLE:**  **DATE:** Click or tap to enter a date. |