**OUT-OF-STATE COURTESY SUPERVISION SERVICES**

**REQUEST FOR QUALIFICATIONS**

**APPLICATION**

# INSTRUCTIONS

### Application must be completed and signed in Section 6 (Certification) for it to be accepted by DFPS.

### Applicant will submit Application and all required documents in the format and order described in Appendix A to the Point of Contact in Open Enrollment Section 1.2.

### If DFPS has difficulty accessing the Applicant’s documents, the Applicant will be required to re-submit documents as directed by DFPS.

**SECTION 1 - APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Legal Name of Applicant/Entity |       |
| Office Address |       |
| City, State, Zip |       |
| Mailing Address |       |
| City, State, Zip |       |
| Phone |       |

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

|  |
| --- |
| Doing Business As Name (DBA) or Parent Organization – 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 |

|  |
| --- |
| Type of Applicant – Check appropriate box(es) and attach documentation as indicated |
| [ ]  Sole Proprietorship  |
| [ ]  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. |
| [ ]  Governmental Entity Do you have taxing authority? [ ]  Yes [ ]  No |
|  |

|  |
| --- |
| Person Authorized to Sign Contract: |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Service Delivery: |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Invoicing: |
| Name |       | Title |       |
| E-mail |       | Phone |       |

**SECTION 2 -ELIGIBILITY REQUIRMENTS**

(See Section 2.16 of the Open Enrollment for the Minimum Qualifications for Contractors)

* 1. Does the Applicant hold a Social Work License ?

[ ]  Yes If yes, attach a copy of License.

[ ]  No If no, STOP – Applicant does not qualify.

* 1. Does the Applicant have two years of professional service in the child welfare system?

[ ]  Yes If yes, attach Curriculum Vitae or resume.

[ ]  No If no, STOP – Applicant does not qualify.

**SECTION 3 - CONTRACTOR BACKGROUND**

* 1. Does the Applicant have contracts with DFPS or other Texas State Agencies?

[ ]  Yes [ ]  No

If yes,

Is the Applicant's organization currently under any corrective action plan for any of the contracts with DFPS or Texas State Agencies?

[ ]  Yes [ ]  No

* 1. Have any contracts with DFPS or other Texas State Agencies been terminated for cause in the last five (5) years?

[ ]  No [ ]  Yes (*Provide copies of termination notice*)

**SECTION 4 - INSURANCE**

Review the Insurance requirements in Open Enrollment Section 2.17. Applicants must meet all requirements as outlined. Indicate in the table below, if requirement is met

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

Attach a copy of the Certificate of Insurance (COI) or equivalent document (e.g., ACORD Certificate of Insurance or a copy of the policy) for each insurance requirement currently in force and referenced in the table above.

**NOTE ON SOLE PROPRIETORS -** Sole Proprietors with no employees or other individuals with access to fiscal resources such as unpaid volunteers or independent contractors, are exempt from this insurance requirement.

**SECTION 5 - SERVICE DELIVERY LOCATION**

**Services will be provided at the following Residential Treatment Center/Facility:**

**Facility Name:**

**Location (including the State):**

**SECTION 6 - 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 Request for Qualifications. |
| Signature of Authorized Representative | Date      |
| Name of Authorized Representative (Printed)      | Title of Authorized Representative (Printed)      |

**Appendix A – Application Instructions**

1. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
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.
4. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
5. Attach File Folders 1 and 2 to email and submit the completed Application to the Point of Contact listed in the Open Enrollment Section 1.2.

**Appendix B – Required Forms**

**File Folder 1: Application and Service Delivery Area**

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Description | Required or If Applicable |
| Application | Application for Contract | Required |
| Insurance | Insurance Documentation  | Required |
| DBA | Assumed Name Certificate Attachment | If applicable |
| Incorporation | Certificate of Incorporation Attachment | If applicable |
| LLC | LLC Articles of Formation Attachment | If applicable |
| Partnership  | Partnership Agreement Attachment | If applicable |
| Partners | Names and addresses and for each partner | If applicable |

**File Folder 2: Required Forms**

The following forms are located on the DFPS public website, Doing Business with DFPS, Contracting Forms: <https://www.dfps.state.tx.us/Doing_Business/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| AP-152 | AP-152, Application for Texas Identification Number [If you already have a Vendor ID set up for another DFPS contract, print form, note “Already Set Up” at top of page, and provide number | Application for identification number |
| 74-176 | 74-176, Vendor Direct Deposit Form | Direct Deposit Authorization |
| 9007FFS | 9007FFS, Internal Control Structure Questionnaire  | Contractor's disclosure of internal controls. Instructions included. |
| 9105RAQ | 9105RAQ, Risk Analysis Questionnaire | Questionnaire for provider to assist staff with the completion of the Risk Assessment Instrument (RAI). |
| 4735 | Out of State Contractor Certification | Contractor certifies compliance with the business entity laws of the state where the Contractor formed its business |
| BackgroundClearances | Documentation from Contractor indicating background check clearance for each staff | Criminal background clearance verifications for each person identified on Form PCS-102 (below) to provide service under this contract or have access to confidential client or contract information |

The following form is located on the DFPS public website, Doing Business with DFPS, Contracting Forms, Regional CPS Contracting Forms, General Documents:

<https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Regional_CPS_Contracts/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| PCS-102 | PCS-102, Contracting Entity and List of Staff, Subcontractors and Volunteers | Contractors must list the contracting entity, all service providers, and requested provider information on this form and submit it electronically to DFPS. |