**6.2 IPTP CURRENT CONTRACTOR RECERTIFICATION**

**OPEN ENROLLMENT APPLICATION**

# INSTRUCTIONS

### Contractor must read all of the Open Enrollment posted on the ESBD or HHS Enrollment Sites before completing this Application.

### The Application must be completed and signed by the person authorized to sign the Contract in Section V (Certification) for it to be accepted by DFPS.

### The Application must be complete for it to be accepted by DFPS. DFPS considers a complete answer to be a written response. Responding with “Not Applicable” is only an appropriate response when a question or form does not apply to the Contractor.

### Contractor will provide the information in the body of the Application unless otherwise instructed to include it as an Attachment (See Attachments and Required Forms, File Folder 2 in Appendix A).

### Contractor will submit all contract application files and documents to their assigned Residential Contract Manager by December 19, 2023.

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

**SECTION I – CONTRACTOR INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name of Contractor |  | | |
| Office Address |  | | |
| City, State, Zip |  | | |
| Mailing Address, if applicable |  | | |
| Mailing Address City, State, Zip, if applicable |  | | |
| Phone |  | Fax |  |
| Contact Person |  | Title |  |
| Contact's E-mail |  | | |
| List non-CBC areas/regions where you provide services under the Contract |  | | |

**SECTION II – INSURANCE**

Review Subsection 1.5.5 of this Open Enrollment, II(G) of Section 1.8.1(c), and I(G) of 6.3.1 and indicate in the table below if requirements are met.

|  |
| --- |
| Commercial General Liability or equivalent insurance: Yes No |
| Professional Liability Insurance or equivalent insurance if IPTP intends to employ staff to provide professional services: Yes No |
| Commercial Crime Insurance or equivalent insurance with 3rd Party endorsement & Employee Dishonesty endorsement: Yes No |
| Business Automobile Liability (Owned & Hired Endorsements and Non-owned Auto): Yes No |
| **If "No"** is checked for any insurance named above, 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.  **If “Yes”** is checked for any insurance named above, Contractor must submit insurance coverage documentation prior to contract execution. |

**SECTION III – ORGANIZATION KEY MANAGEMENT**

1. **Attach a list of your IPTP/GRO's Board of Directors (if applicable) including:**
2. Full names;
3. Titles;
4. Addresses;
5. Email addresses; and
6. Phone numbers.
7. **Attach a list of your IPTP/GRO's Person(s) in a Key Position including:**
8. Full names;
9. Titles, if applicable;
10. Addresses;
11. Email addresses; and
12. Phone numbers.

See definition of Person in a Key Position in the Requirements at <https://www.dfps.texas.gov/Doing_Business/Purchased_Client_Services/Residential_Child_Care_Contracts/documents/24_Hour_RCC_Requirements.pdf>.

**SECTION V – 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 requirements of this Open Enrollment.  I have informed DFPS of any changes to my information or documents previously submitted. | |
| Signature of Designated Signature Authority | Date |
| Name of Designated Signature Authority (Printed) | Title of Designated Signature Authority (Printed) |

**APPENDIX A - APPLICATION, ATTACHMENTS, AND REQUIRED FORMS**

**FILE FOLDER 1:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Document**  **Location** | | **Electronic File Name** | **Document** | | | **Is Document Required Yes/No** | |
| Current Document | | 01-Application | Application for Enrollment | | | Yes | |
| Contractor Provides | | 02A-Insurance | Insurance Documents | | | Yes | |
| Contractor Provides | 02B-Board | | | Board of Directors | | | Yes, if applicable. | |
| Contractor Provides | 02C-Key Position | | | Person in Key Position | | | Yes | |
| Form | 03-[Form 2031](https://www.dfps.state.tx.us/Doing_Business/forms.asp) | | | | Signature Authority Designation | Yes | | |