

**TEXAS WORKFORCE COMMISSION**  
**PURCHASING FROM PEOPLE WITH DISABILITIES**

**Application for Re-Certification**

**CRP Information**

Certification Number: \_\_\_\_\_ Certification Date: \_\_\_\_\_

CRP Name: \_\_\_\_\_

Non-Profit Organization: Corporation \_\_\_\_\_ Charter # \_\_\_\_\_ Public \_\_\_\_\_ Private \_\_\_\_\_

Government Agency: City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip Code: \_\_\_\_\_

Physical Address for Main Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas Zip Code: \_\_\_\_\_

President/CEO/Executive Director (print): \_\_\_\_\_

CRP Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**List other organizations or agencies that the applicant relates to:**

\_\_\_\_\_  
\_\_\_\_\_

**Names and titles of those ultimately responsible for the following functions:**

<b><u>Functions</u></b>	<b><u>Name (First, Last)</u></b>	<b><u>Title</u></b>
Negotiate and Sign Contracts	_____	_____
Compile and Submit Reports to WorkQuest	_____	_____
Personnel Management:	_____	_____

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**Business Category Description**

Temporary Employee Services \_\_\_\_\_ Products \_\_\_\_\_ Services \_\_\_\_\_

Current number of all employees with disabilities employed at your facility (includes your entire CRP, not just State Use contracts). \_\_\_\_\_

**List all services and products to be offered and the work locations**

Services	Locations
_____	_____
_____	_____
_____	_____

Products	Locations
_____	_____
_____	_____
_____	_____

Is each location fully accessible to persons with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain how services will be made accessible to persons with various disabilities (i.e. deafness, visual impairments, physical disabilities, etc.)

\_\_\_\_\_  
\_\_\_\_\_

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**To Be Completed by WorkQuest**

**For State Use contracts only, as reported by the CRP on its State Use Wage Report:**

Time Period: \_\_\_\_\_

Total Sales: \_\_\_\_\_

Number of People with Disabilities Employed: \_\_\_\_\_

Wages and Benefits Paid: \_\_\_\_\_

Average Wage Paid to People with Disabilities: \_\_\_\_\_

Number of People Placed in Competitive Integrated Employment: \_\_\_\_\_

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**Required Attachments**

**To obtain CRP re-certification, all listed documents are required:**

- A copy of the IRS non-profit determination – Sec. 501(c) or other, if required by law (only if previously submitted documents have changed);
- A copy of the Articles of Incorporation granted by the Secretary of State, if required by law. The Articles of Incorporation should state the purpose of the company is to provide employment for people with disabilities. If the Articles of Incorporation do not specifically state the appropriate purpose, a copy of the Bylaws stating the purpose may also be included. Only if previously submitted documents have changed;
- A list of the board of directors, including names, addresses, and telephone numbers;
- A copy of the organizational chart with job titles and names;
- Insurance:
  - 1.) A copy of the current Certificate of Liability Insurance for the CRP, naming WorkQuest, as the Certificate Holder;
  - 2.) A copy of the current Automobile Liability Insurance policy, if applicable;
  - 3.) A copy of the Current Worker's Compensation Insurance, if applicable;
- A copy of the fire inspection certificate within the past year for each location where clients will be served or where persons with disabilities will be employed (or a statement of unavailability from the appropriate city, county, or state entity);
- A copy of the building inspection certificate or occupancy certificate for each location where clients will be served or where persons with disabilities will be employed (or a statement of unavailability from the appropriate city, county, or state entity);
- A copy of the wage exemption certificate (WH-228) if sub-minimum wages will be paid to clients and a letter from the CRP explaining the circumstances requiring sub- minimum wages;

**Compliance Requirements**

Is there on file and readily accessible for review required documentation of disabilities, the Texas Workforce Commission Documentation of Disabilities Form, consistent with the definition stated in the Texas Administrative Code, Title 40, Chapter 806, for all individuals counted as disabled and to be employed in State Use Programs?

(Definition: Disability—a mental or physical impairment, including blindness, that impedes a person who is seeking, entering, or maintaining gainful employment.)

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_  
\_\_\_\_\_

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Do you attest that in accordance with Texas Administrative Code, Title 40, Chapter 806 .41(f), there is already on file or you will develop, within 90 days of Re-Certification, a person-centered plan for each individual with a disability employed at this CRP that clearly documents attainable employment goals and describes how CRP will:

- A) help the individual reach their goals; and
- B) match the individual's skills and desires with the task(s) being performed for the CRP

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

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Real or apparent conflicts of interest may occur if a CRP employee, WorkQuest employee, TWC employee or immediate family member has a financial or other interest in the business relationship involving a CRP and that interest might reasonably be expected to influence the outcome of an official action. If it is found that such conflict of interest occurs and is not disclosed and remedied, the CRP may be barred from receiving future grants or contracts, and existing grants or contracts may be canceled. If a real or apparent conflict of interest exists, WorkQuest or TWC should be contacted prior to submission of this application.

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**Affirmation and Execution**

I certify, by signature below, that no real or apparent conflict of interest exists between the applicant CRP organization, WorkQuest, and/or the Texas Workforce Commission.

I certify, by signature below, that I have read the attached Texas Administrative Code, Title 40, Chapter 806, and agree to abide by the criteria for CRPs, and I am making application, on behalf of the CRP named above, to become an approved CRP with TWC and WorkQuest.

If re-certification is approved, the CRP agrees to maintain compliance with the requirement that 75% of direct labor necessary to perform services and to produce products must be by persons with documented disabilities and will verify such compliance in regular quarterly reporting to the CNA (This requirement may be modified in specific circumstances only with TWC approval).

I certify that all statements and information in this application are true and correct and that I have the authority to execute and submit this application for certification.

\_\_\_\_\_  
Printed Name and Title of Applicant Representative

\_\_\_\_\_  
Signature of Applicant Representative

This instrument was subscribed and sworn to before me, the undersigned notary public, on this

\_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_ by \_\_\_\_\_

Printed Name of Applicant Representative

of \_\_\_\_\_ on behalf of said entity or corporation.

Name of Applicant Entity or Corporation

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My Commission Expires

**(Notary Seal/Stamp)**

**Please return to the Texas Workforce Commission - Purchasing from People with Disabilities c/o WorkQuest CRP Compliance Certification at 1011 East 53 ½ Street, Austin, TX 78751**