

TEXAS WORKFORCE COMMISSION
PURCHASING FROM PEOPLE WITH DISABILITIES

Application for Re-Certification

CRP Information

Certification Number: _____

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:

<u>Functions</u>	<u>Name (First, Last)</u>	<u>Title</u>
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.)

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;

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- 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 189, 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 _____

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 189, 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