

**TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES**

**APPLICATION FOR RE-CERTIFICATION**

**INSTRUCTIONS FOR COMPLETING THIS APPLICATION**

The form is to be completed in blue or black ink. It may be typed or written. If writing is used, please print as legibly as possible. The following are suggestions for supplying needed information in order that the application can be submitted promptly to the Certification Subcommittee of the Council.

**BASIC INFORMATION**

- Include the full legal name of the proposed CRP and its main facility's physical address. Include mailing address if it is different.
- List all physical locations for offices and/or work sites. If services will be offered off-site, submit general descriptions such as:  
Highways and streets                      Lubbock, Texas  
Client offices                                Houston, Texas  
State Rest Stops                              Harris County, Texas

**REQUIRED ATTACHMENTS**

Please read carefully. It is important that all requested information be included:

- 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 TIBH Industries, Inc., 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;

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- A copy of the fire inspection certificate dated within the last 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); and
- A copy of the wage exemption certificate (WH-228) if sub-minimum wages will be paid to clients and a statement of the circumstances requiring sub-minimum wages.

Revised: 9/12/07

**CONFLICT OF INTEREST**

Note that the council recognizes that on rare occasions, a perceived conflict of interest may occur. In such situations, the applicant is required to contact TIBH or the council prior to submission of the application. The council will consider any possible conflict on an individual basis.

**AFFIRMATION AND NOTARIZED SIGNATURE**

As a part of the application process, the applicant must sign a notarized statement to affirm the following:

No less than 75% of all direct labor for services and the production of products will be performed by employees that have documented disabilities consistent with the description of disability from the Texas Administrative Code, Title 40, Chapter 189 : Disability—a mental or physical impairment, including blindness, that impedes a person who is seeking, entering, or maintaining gainful employment.

It is important that the applicant be familiar with the Texas Administrative Code, Title 40, Chapter 189. The State Use Program is specifically designed to help the disabled employee and the council is committed to safeguarding its purposes and integrity. Applicants will be expected to establish and maintain compliance with all requirements.

**If additional information or help is required, please contact  
TIBH Industries, Inc. (512) 451-8145.**

## CRP Re-Certification Checklist

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

**Contact Person:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

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