

TEXAS WORKFORCE COMMISSION
Application for Certification

COMMUNITY REHABILITATION PROGRAM (CRP) INFORMATION

CRP Name: _____

Nonprofit 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): _____

Telephone: _____ Fax: _____ Email: _____

List affiliated organizations or agencies that the applicant relates to: _____

BUSINESS DESCRIPTION AND VISION

• CRP has been in business since (*list year*): _____

• Mission statement: _____

• Business goals: _____

• List **names** and **titles** of key company principals responsible for the following functions:

Negotiate and sign contracts: _____

Compile and submit reports to TIBH: _____

Personnel management: _____

Employee job training: _____

• List **primary types of disabilities** the CRP is able to serve: _____

TEXAS WORKFORCE COMMISSION
Application for Certification

(Continued) _____

• Current number of employees with disabilities employed at the facility: _____

• Describe **contracts** currently underway: _____

• Specifically describe all **services** and **products** to be offered and the **work locations**:

Services:

Locations:

Products:

Locations:

• Is each location fully accessible to persons with disabilities? Check: **Yes** ___ **No** ___

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

• Describe how you will meet your **operating expenses**: _____

• Do you currently own the **equipment** to perform listed contracts? _____

• **Newly-formed CRPs**, estimate your first-year **start-up costs** (please specify rent, transportation, salaries, supplies, permits, etc. and attach additional sheets as necessary):

TEXAS WORKFORCE COMMISSION
Application for Certification

REQUIRED DOCUMENTATION

To obtain CRP certification, all of the following documents are required for consideration:

- A copy of the IRS non-profit determination – Sec. 501(c) or other, if required by law;
- A copy of the Articles of Incorporation/Formation 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;
- 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;
- 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 or state regulations, 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 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, 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.*) Check: **Yes** _____ **No** _____

- If **no**, please explain: _____

Real or apparent conflicts of interest may occur if a CRP employee, TIBH 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, TIBH or TWC should be contacted prior to submission of this application.

AFFIRMATION AND EXECUTION

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

I certify, by signature below, that I have read the 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 the Texas Workforce Commission and TIBH Industries, Inc.

TEXAS WORKFORCE COMMISSION
Application for Certification

If 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 council 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)

For TIBH and TWC use only:

On-Site Visit Date: _____

Assigned Region Manager Signature: _____

Please return forms to:
Texas Workforce Commission
c/o TIBH Industries, Inc.
CRP Compliance Certification
1011 East 53 ½ Street
Austin, Texas 78751