



Policies and Procedures for CRPs

TIBH INDUSTRIES, INC.
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Jobs for People with Disabilities

Policies and Procedures for CRPs

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NOTICE: These policies and procedures are subject to change at any time by TIBH and do not constitute an exception to any relevant state statute or agency rule or an amendment or addition to any contract to which the CRP, TIBH or any public agency customer is a party.

TIBH CONTACTS

◇ Marketing

Ron Bartels, Director of Marketing
512-451-8145; rsbartels@tibh.org

Roxy Van Loo, State Marketing Manager
512-451-8145; rvanloo@tibh.org

◇ Regional Marketing Manager

Region I Larry Sargee
325-670-9110; lsargee@tibh.org

Region II Danny Hill
817-589-0776; dhill@tibh.org

Region III Melinda May
936-462-9881; mmay@tibh.org

Region IV Wilford Scott
713-667-4900; wscott@tibh.org

Region V Abby Monk
512-451-8145; amonk@tibh.org

Region VI Henry Hernandez
210-521-3742; hhernandez@tibh.org

Region VII Rosa Valdez
361-985-8899; rvaldez@tibh.org

◇ Product Sales

TIBH Central Store, Central/South Region

Robert Olivo
512-834-8242; robertolivo@tibh.org

Southeast Texas Region

Ray Zaman
713-667-5155; rzaman@tibh.org

North Region

Rod Conley
817-589-0776; rconley@tibh.org

◇ **Temporary Employment Services Sales**

North Region

Catherine Wheaton

817-589-0776; cwheaton@tibh.org

South/East Region

Mike Pierulla

512-451-8145; mpierulla@tibh.org

◇ **Product Research and Development**

Kyle Radford

512-451-8145; kradford@tibh.org

◇ **Customer Service**

Services

Travis Johnston

512-451-8145; tjohnston@tibh.org

Products

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◇ **Compliance**

Marie Richter

512-451-8145; mrichter@tibh.org

PRODUCTS

PROCEDURES FOR SECURING A STATE USE PRODUCT

1. Submit a written request for the assignment of up to three (3) products for your community rehabilitation program to research and develop for State Use. Use the Term Contract, Commodity Code Number and Description of the product(s) where possible.
2. Confirmation of product assignment(s) will be sent to you for those requested products not currently assigned to other community rehabilitation programs. CRPs have 180 calendar days from assignment to actively develop products. After 180 days product assignments will be listed as Inactive and subject to rescission or assignment to other requesting CRPs.
3. Relevant state product sales information will be compiled and sent to you along with state product specification. TIBH must be able to verify a potential market for the product in order for it to be recommended for the State Use Program.
4. Submit to TIBH by the required deadline date - your product/price analysis with competitive pricing information, a signed value added statement and one (1) prototype of the product to be set-aside.
5. The prototype and its product/price analysis with competitive pricing and value added statement will be presented to the Texas Council on Purchasing from People with Disabilities for review. If found acceptable, the product will be set-aside for production by your community rehabilitation program. If the product is not approved, your community rehabilitation program may resubmit an amended proposal at a future meeting.
6. Once set-aside by the Texas Council, the product(s) will be available through TxSmartBuy, which is available to all state agencies and political subdivisions through Texas Procurement and Support Services (TPASS) of the Office of the Comptroller of Public Accounts. The product(s) will also be added to the TIBH printed and online catalogs which are made available to all state agencies and political subdivisions of the State.
7. Community rehabilitation programs are encouraged to actively market their product(s) utilizing their own promotional material.
8. State Use contract responsibilities must be adhered to at all times. Contact TIBH before considering any product, price and value added changes.

VALUE ADDED OF PRODUCTS

This document describes the policy and procedures of TIBH in reference to the review of suitability of proposed products to be added to the catalog in terms of the required appreciable contribution (value added).

In the review of the suitability of proposed products to be added to the catalog, TIBH will evaluate the product to determine whether or not the community rehabilitation program will make an appreciable contribution to the reforming of raw materials or the assembly of components and servicing or a combination thereof.

For the purposes of this policy, "value added" shall mean *the labor of persons with disabilities applied to raw materials, components, goods purchased in bulk form resulting in a change in the composition or marketability of component materials, packaging operations, and/or the servicing tasks associated with a product. Pass-throughs are not allowed; therefore, solely affixing a packaging label to a commodity does not qualify.* Texas Council Rule 189.2(11)

The decision that the labor of individuals with disabilities constitutes appropriate "value added" shall be at the discretion of the Council.

- ◇ A CRP proposing a product for addition to the catalog shall submit a signed value added statement to include:
 1. A breakdown of the production/assembly/packaging/servicing steps to be performed by the community rehabilitation program;
 2. A description of the number of persons with disabilities who would be employed and the amount of labor they would provide in the production and/or servicing of a product;

- ◇ In determining the suitability of a proposed product, TIBH will consider the following:
 1. The extent of employment benefits provided to persons with disabilities; and
 2. Whether or not the reforming of raw materials or assembly of components or servicing is appreciable or significant. TIBH may consider that the community rehabilitation program will be making an "appreciable contribution" where the community rehabilitation program proposes to perform:
 - a. Essentially the same tasks as commercial industry in reforming raw materials to provide the proposed product to government agencies; or
 - b. a series of assembly, packaging operations, and servicing steps using component parts all or some of which have been procured by the community rehabilitation program from others; or

- c. some combination of (a) and (b); or
 - d. essentially offering supplementary products or services to the primary product or service, if the supplemented product or services are normally provided by the industry in conjunction with the primary product.
4. Any objections or potential objections of private industry or the general public to the addition of the proposed product to the catalog; and
 5. Any other factor TIBH deems relevant in assisting the decision making process.

TIBH PRODUCT COST ANALYSIS

TIBH reviews the cost data for completeness and accuracy of computations, and then presents the cost data to the Texas Council for consideration.

Explanation of the Cost Analysis Worksheet

DATE: *[Use the official Texas Council meeting date]*

CRP: *[Name and address of production site]*

CONTACT NAME, TELEPHONE NUMBER AND FAX NUMBER: *[Name, telephone number and fax number of the person that TIBH staff should call with any questions concerning the cost analysis]*

NEW OR PRICE REVISION: *[A new product is a product that is currently not on Set-Aside; a revised product is one that is currently on Set-Aside]*

REASON FOR CHANGE: *[Explanation for the revision, i.e., price increase, increase in material costs (for product revisions only), etc.]*

PRODUCT: *[Name of product, complete description, and State Product Code Number]*

NUMBER OF PEOPLE WITH DISABILITIES EMPLOYED: *[The number of persons with disabilities involved in the production of the product being presented]*

PERCENT OF DIRECT LABOR WAGES PAID TO PEOPLE WITH DISABILITIES: *[Of the total wages paid in the direct labor component, the percentage paid to person with disabilities]*

DELIVERY WITHIN (?) DAYS: *[The amount of time allowed for delivery from receipt of order]*

MINIMUM ORDER: *[The minimum number of the product unit for which the customer is required to purchase]*

FREIGHT IS ADDED WHEN LESS THAN \$(?) OR (?) LBS. IS ORDERED: *[The minimum dollar or weight limit for which the customer will be responsible for paying freight charges on orders if they do not meet the minimum requirement; insert either a dollar limit or weight limit, but not both]*

ESTIMATE OF POTENTIAL SALES: [The estimated dollar amount to be sold in a year]

A. **MATERIAL COST:** [Total cost of all raw materials needed to produce one complete packaged product unit ready for shipping, i.e., each, dozen, carton, box, case, etc.]

B. **LABOR:**

Direct: [Actual work performed to the product unit by workers with disabilities, non-disabled workers, and first-line working supervisors in the preparation, processing, and packaging of the item]

Indirect: [First line supervision only]

C. **BURDEN:**

Overhead & Administration: Those CRP costs allocated to the product, i.e., other supervisory, accounting, purchasing, administrative, management, etc. as listed below:

Personnel Costs: [All necessary salaries, fringe benefits, expenses and would include such positions as: directors, payroll staff, cost center managers, supervisors, clerical staff, contract procurement, administrative staff (i.e. executive director, administrative assistant, bookkeeper, etc.), and support staff]

Personnel Support Costs: [Costs that are necessary to support and maintain the functioning of agency staff. They include general office supplies (e.g., paper, pencil, etc.), office equipment (e.g., typewriters, copying machines, etc.), office furnishings (e.g., desk, filing cabinets, etc.) travel contractual services, advertising, entertainment, and other miscellaneous expenses.]

Occupancy Costs: [Additional costs necessary to operate. They include space utilization costs (e.g., rent or mortgage, utilities, insurance, etc.), maintenance/repair, supplies, equipment, and other related expenses.]

Equipment Amortization: [Usage allocation of equipment used to produce one complete packaged product unit ready for shipping. These shall be limited to equipment items with a unit value of \$1200 or more and an expected use period of three or more years.]

Freight Allowance: [The cost of shipping one complete packaged product unit FOB Destination to the customer (average miles to known or projected destination).]

Other: [Those costs not allocated to previous burden categories, i.e., marketing, public relations, etc.]

D. TOTAL COSTS: $[A + B + C]$

E. CONTINGENCY: *[Those revenue dollars in excess of expenses that the CRP needs in order to consider production of the product.]*

F. TOTAL COSTS PLUS CONTINGENCY: *[Total CRP costs, $D + E$]*

G. COMPETITIVE PRICE & SOURCE: *[Price for the same or similar product sold by a private company and the contact information for that price.]*

COST ANALYSIS FORM

DATE:

CRP NAME AND ADDRESS

Contact:

Phone:

Product Name:

Product Description:

New or Price Revision:

Product Code:

Number of People with Disabilities Employed on this Product Line:

Percent of Direct Labor Wages Paid to People with Disabilities:

Delivery Time:

Minimum Order:

Freight Message:

Estimate of Sales (New Products):

OR Prior Year Sales (Price Revisions):

Material Cost

Labor

Direct
Indirect

TOTAL LABOR

0

Burden

Overhead & Administration Costs:

Personnel Costs
Personnel Support Cost
Occupancy Costs

TOTAL

0

Equipment Amortization
Freight Allowance
Other

TOTAL BURDENS

0

TOTAL COSTS

0

MINIMUM CONTINGENCY CONSIDERED

TOTAL COSTS PLUS CONTINGENCY

0

COMPETITIVE PRICE:

SOURCE FOR COMPETITIVE PRICE:

PROCEDURES FOR PROCESSING PRODUCT PURCHASE ORDERS & INVOICES

Product Purchase Orders

Upon receipt of customer contract purchase orders through TX SmartBuy, TIBH website, or direct order, TIBH will issue a purchase order/pick ticket to the community rehabilitation program when the product is ordered.

When product items are shipped, always include a packing slip which references the following items:

1. Agency name and “Ship To” address
2. Customer requisition number
3. Customer purchase order number
4. Quantity and item description (please do not include prices on packing slip)

If necessary, a copy of the TIBH purchase order/pick ticket may be used as the packing slip by striking through quantity ordered and indicating quantity shipped in the appropriate column and blackening out the dollar amount. **In addition to the packing slip, many agency central receiving departments request that the shipping cartons be marked in bold print with the requisition number. Additional handling and delivery instructions will be included on the TIBH purchase order if requested.**

Invoices

After shipment of orders, please issue the CRP invoice to TIBH as soon as possible. These may be emailed to TIBH at productinvoices@tibh.org. A sample of the preferred invoicing format has been included. The invoice should be billed to TIBH and should always include the following information:

1. Agency name and “Ship To” address
2. Customer requisition number
3. Purchase order number
4. Quantity ordered and shipped
5. Product item number
6. Product description

7. Unit price
8. Extended price
9. Freight, when applicable (**all freight charges are to be prepaid and added to invoice**)
10. Miscellaneous charge fee
11. Deduction of TIBH management fee (6.00%)
12. TOTAL
13. Community rehabilitation program name, address, and invoice number

INVOICE

From:

P.O. Box
Texas

Sold To: TIBH Industries
1011 E. 53½ Street
Austin, Texas 78751

Ship To: _____

Invoice Date	Customer Req. #	Customer PO#	Ship Date	Ship Via	Terms: Net 30 Days
--------------	-----------------	--------------	-----------	----------	-----------------------

Quantity Shipped	Quantity Ordered	Product Description CC#	Unit Price	Total
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Sales

Total _____

Freight _____

MISC. _____

TIBH Management Fee 6.00% _____

Total _____

PROCEDURES FOR PAYMENT OF PRODUCTS

Payment Procedures

CRP invoices will be stamped with receipt date when received by TIBH in Austin. Upon receipt of invoice which completes the order, payment will be issued within 30 days in accordance with the TIBH contract with the Texas Council. TIBH sets a goal of early payment. Currently, all payments are scheduled to release on the Friday closest to 14 days after receipt of the invoice which completes an order. TIBH prints and mails CRP checks every Friday or the last business day of the week if closed on Friday. Earlier payment can be requested by CRPs with justification of hardships or special cash flow needs by mailing or emailing a written request detailing the reason for the request. TIBH will consider and make early disbursements based on need, frequency of requests and availability of funds. Early payment cannot be guaranteed with request.

QUALITY CONTROL OF PRODUCTS

The customer inquiry is received by the TIBH Customer Service Department by phone, fax or email.

The TIBH Customer Service Representative contacts the appropriate CRP and informs them of the customer issue in order to seek resolution.

The TIBH Customer Service Representative contacts the inquiring customer within 24 hours of inquiry receipt to confirm steps have been taken towards resolution.

The TIBH Customer Service Representative continues communication with the customer until the situation is resolved.

All inquiries are documented and tracked in the TIBH Defect Detail Database which is reviewed and reported to the Texas Council on Purchasing from People with Disabilities on a quarterly basis.

Any CRP not meeting the program goal of 85% satisfaction percentage from the TIBH Defect Detail Report receives written notice from the TIBH Customer Service Manager concerning reported deficiencies.

If the CRP continues falling below the program goal the following quarter, an on-site visit may be conducted by the Product R&D Manager. During the visit the R&D Manager works in conjunction with the CRP to develop an action plan to remedy the situation if needed.

A completed action plan with target dates provided by the CRP is due to the R&D Manager within 14 days of the on-site visit.

If the action plan goals are not successfully met in the time specified in the action plan, the product is subject to suspension, transfer or deletion.

CRP may not be allowed to add new products while under suspension or non-compliance.

SERVICES

PROCEDURES FOR SECURING A STATE USE SERVICE CONTRACT

Service Contracting

Upon completion of contract negotiations the CRP is required to submit the following documents to its assigned TIBH Marketing Manager:

- ◇ Signed contract by designated CRP representative
- ◇ Completed and signed CRP Service Price Proposal and Cost Projection

These items constitute the contract package. The entire package must be completed prior to instituting the invoicing and payment procedures.

PROCEDURES FOR INVOICING & PAYMENT OF SERVICE CONTRACTS

Non TxDOT Contracts

Contract work should be billed and invoiced monthly, unless otherwise specified

Invoicing to TIBH should be done after work has been completed and should be received by TIBH no later than 10 days following the end of the month or completion of the work.

- ◇ A sample of preferred invoicing format is included.

Invoices may be emailed to serviceinvoices@tibh.org, and should always include the following information:

- ◇ Contract Number
- ◇ Invoice Number
- ◇ Amount
- ◇ Type of Service
- ◇ Service Location(s)
- ◇ State Agency or political sub-division
- ◇ Month of service or service period (if different)
- ◇ Purchase Order number, if required
- ◇ Other supporting documents, if required

CRP invoices will be stamped with receipt date when received by TIBH in Austin. Upon receipt of complete and correct invoice, payment will be issued within 30 days in accordance with the TIBH contract with the Texas Council. TIBH sets a goal of early payment. Currently, all payments are scheduled to release on the Friday closest to 14 days after receipt of the invoice. TIBH prints and mails CRP checks every Friday or the last business day of the week if closed on Friday. Earlier payment can be requested by CRPs with justification of hardships or special cash flow needs by mailing or emailing a written request detailing the reason for the request. TIBH will consider and make early disbursements based on need, frequency of requests, availability of funds, and other factors. Early payment cannot be guaranteed with request.

TxDOT Contracts

TxDOT processes service contracts monthly and remits payment information and confirmation to TIBH during the following month.

TxDOT contract payments are scheduled to release the first Friday following receipt of remittance by TIBH directly from TxDOT. Payments cannot be released until necessary TxDOT remittance is received, and TIBH cannot guarantee when TxDOT will submit the remittance.

CRP Name _____
 CRP Address _____

INVOICE

Sold To: _____ _____ _____	Invoice # _____

	Invoice Date _____

Contract # _____

PO# _____

Type of Contract _____

Date	Description of Service(s) / Location(s)	Qty	Price	Total
		Total		

Comments:

***CRP SERVICE PRICE PROPOSAL AND COST PROJECTIONS**
RETURN ALL 4 PAGES TO REGION MANAGER

Form Revised April 2002

REQ. NUMBER _____	TYPE OF SERVICE _____
DATE PREPARED _____	START DATE _____
PERFORMING CRP _____	LOCATION _____
CONTACT PERSON _____	TELEPHONE # _____
RECEIVING AGENCY _____	LOCATION _____
CONTACT PERSON _____	TELEPHONE # _____

CONTRACT PRICE PROPOSAL	** \$0.00
ESTIMATED COSTS TO CRP	
I. LABOR	\$0.00
II. EMPLOYEE BENEFITS	
DISABLED	\$0.00
NON-DISABLED	\$0.00
III. INSURANCE	\$0.00
IV. EQUIPMENT AMORTIZATION	\$0.00
V. EQUIPMENT OPERATING COST	\$0.00
VI. SUPPLIES	\$0.00
VII. OTHER	\$0.00
VIII. ADMINISTRATIVE OVERHEAD	\$0.00
IX. CONTINGENCY	\$0.00
X. SUBTOTAL	\$0.00
XI. TOTAL COST PROJECTION	\$0.00

NOTE: The following information is to be reported on **RENEWAL CONTRACTS ONLY**. Please disregard if this is a new contract, go to page 2. **Texas Council requires actual wages to the disabled to be reported prior to renewal. Expiring contract:**

Estimated Wages to Disabled \$ _____ **Actual***Wages to Disabled + Benefits** \$ _____
(If actual wages are less than the estimated wages, give an explanation on page 4)

* Amounts contained herein are CRP estimates except for the contract price proposal
 ** Contract price proposal should agree with negotiated State Use contract price
 *** Projected actual wages to expiration of contract date

SERVICE PRICE PROPOSAL AND COST PROJECTIONS WORKSHEET

I. LABOR

A. Direct Labor - Cost of Workers with Disabilities, Non-disabled Workers and Working Supervisors Performing Actual Work

DISABLED EMPLOYEES

_____	Employee Hours X	_____	per hour =	_____	\$0.00
_____	Employee Hours X	_____	per hour =	_____	\$0.00
_____	Employee Hours X	_____	per hour =	_____	\$0.00

	Total Disabled		Total Disabled
(a) _____	0 Labor Hours	_____	\$0.00 Labor Dollars

NON-DISABLED EMPLOYEES

_____	Employee Hours X	_____	per hour =	_____	\$0.00
_____	Employee Hours X	_____	per hour =	_____	\$0.00
_____	Employee Hours X	_____	per hour =	_____	\$0.00

	Total Non-Disabled		Total Non-Disabled
_____	0 Labor Hours	_____	\$0.00 Labor Dollars

(b) _____	0 TOTAL DIRECT LABOR HOURS	_____	\$0.00 TOTAL DIRECT LABOR
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(c) _____ #DIV/0! * % of Disabled Hours

(a) Total Disabled Labor Hours divided by (b) Total Direct Labor Hours = (c) % of Disabled Hours

* If less than 75%, give an explanation on page 4

B. Indirect Labor - Supervisory Cost while not performing Direct Labor

DISABLED EMPLOYEES

_____	Employee hours X	_____	per hour =	_____	\$0.00
_____	Employee hours X	_____	per hour =	_____	\$0.00

_____ \$0.00 **Total Indirect Disabled**

NON-DISABLED EMPLOYEES

_____	Employee hours X	_____	per hour =	_____	\$0.00
_____	Employee hours X	_____	per hour =	_____	\$0.00

_____ **Total Indirect Non-Disabled**
_____ \$0.00

_____ \$0.00 **TOTAL INDIRECT LABOR**

_____ \$0.00 **TOTAL LABOR**

II. EMPLOYEE BENEFITS

	DISABLED	NON-DISABLED
A. Payroll Taxes		
FICA Rate <u>0.0765</u> X DIS Payroll <u>\$0.00</u>	<u>\$0.00</u>	
FICA Rate <u>0.0765</u> X ND Payroll <u>\$0.00</u>		<u>\$0.00</u>
B. Workers Compensation	<u> </u>	<u> </u>
C. Medical and Life Insurance	<u> </u>	<u> </u>
D. Other _____	<u> </u>	<u> </u>
Total Benefits	<u>\$0.00</u>	<u>\$0.00</u>

III. INSURANCE

A. Comprehensive General Liability	<u> </u>
B. Comprehensive Vehicle Liability	<u> </u>
C. Other _____	<u> </u>
	<u>\$0.00</u> TOTAL
	INSURANCE

IV. EQUIPMENT AMORTIZATION

(Original Cost minus Salvage Value) divided by # years of useful life = Amount per Year, Pro-rated)

A. _____	<u> </u>
B. _____	<u> </u>
C. _____	<u> </u>
D. _____	<u> </u>
	<u>\$0.00</u> TOTAL EQUIPMENT
	AMORTIZATION

V. EQUIPMENT OPERATING COSTS

A. Gas/Oil _____	<u> </u>
B. Maintenance _____	<u> </u>
C. Mileage _____	<u> </u>
D. Other _____	<u> </u>
	<u>\$0.00</u> TOTAL EQUIPMENT
	OPERATING COST

VI. SUPPLIES AND NON AMORTIZED EQUIPMENT

Description of Equipment

A. _____	<u> </u>
B. _____	<u> </u>
C. _____	<u> </u>
D. _____	<u> </u>
	<u>\$0.00</u> TOTAL SUPPLIES
	NON-AMORTIZED
	EQUIPMENT

VII. OTHER EXPENSES

<i>Description</i>		
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
	\$0.00	TOTAL OTHER EXPENSES

VIII ADMINISTRATIVE OVERHEAD

IX. CONTINGENCY

X. SUBTOTAL

XI. TOTAL COST PROJECTION

(Divide line X. by the Program Admin. Fee factor OF 0.940)

Total dollar amount of Disabled Direct & Indirect Labor including benefits paid to persons with disabilities	Number of Persons w/ Disabilities employed	Total dollar amount of (d) divided by total contract dollar amount
(d) \$0.00 _____	_____	#DIV/0! _____

COMMENTS:

CRP SIGNATURE _____ **DATE** _____

TIBH SIGNATURE _____ **DATE** _____

QUALITY CONTROL OF SERVICES

It is the responsibility of the CRP to maintain a quality control program in services.

The service must meet specifications or be comparable to the standard of the industry.

The CRP employment of persons with disabilities does not reduce the level of quality performance required.

A purchasing agency is not required to continue to accept a service that does not meet the quality requirements.

It is the role and responsibility of TIBH to be involved with the purchasing agency and CRP to identify and correct quality/performance problems.

If a quality/performance problem cannot be corrected, TIBH will secure another certified CRP to assume the contract.

No CRP will be allowed to add new or renew service contracts while under suspension or non-compliance.

TEMPORARY EMPLOYMENT SERVICES

PROCEDURES FOR INVOICING & PAYMENT OF TEMPORARY EMPLOYMENT SERVICES

Temporary service work should be billed and invoiced on a weekly basis.

The work week starts Monday and ends Sunday, unless otherwise specified.

Each work week must be billed on a separate invoice

Invoicing to TIBH should be done after work has been completed and should be received by TIBH no later than five (5) days following completion of the work.

- ◇ A sample of preferred invoicing format is included.

Multiple temporary employees for one (1) work week can be included on the same invoice if contracted under the same Purchase Order.

Complete time cards must entirely agree with the invoice and be signed by the employee and supervisor.

Invoices with related time cards may be emailed to temporaryinvoices@tibh.org or delivered to TIBH Austin if previously agreed, and should always include the following information:

- ◇ CRP name and address
- ◇ Invoice number and date
- ◇ Purchase Order number
- ◇ Work week-ending date
- ◇ Name of state agency and address where work was performed
- ◇ Name of temporary employee and contracted job title
- ◇ Commodity Code
- ◇ Number of hours worked during week (rounded to the hundredth of an hour)
- ◇ Approved temporary bill rate, per purchase order
- ◇ Extended amount per line
- ◇ Invoice total
- ◇ Deduction of TIBH 5% management fee
- ◇ Other supporting information, if required

Approved temporary bill rates will be listed by job title in the contract. Approved bill rates under the State Contract are listed on the Temporary Rate Table which currently can be found at http://www.window.state.tx.us/procurement/tools/962-69_TIBH_TempPersonnelRatesFY12.xls.

CRP invoices will be stamped with receipt date when received by TIBH in Austin. Upon receipt of complete and correct invoice, payment will be issued within 30 days in accordance with the TIBH contract with the Texas Council. TIBH sets a goal of early payment. Currently, all payments are scheduled to release on the Friday closest to 14 days after receipt of the invoice. TIBH prints and mails CRP checks every Friday or last business day of the week if closed on Friday. Earlier payment can be requested by CRPs with justification of hardships or special cash flow needs by mailing or emailing a written request detailing the reason for the request. TIBH will consider and make early disbursements based on need, frequency of requests, availability of funds, and other factors. Early payment cannot be guaranteed with request.

COMPLIANCE

STATE USE WAGE REPORT PROCEDURES

Quarterly (January, April, July, and October), the CRP receives a State Use Wage Report to be completed and returned to TIBH within 30 calendar days (sample attached). Each CRP is required to:

- ◇ Report total wages paid to reflect the wages paid to people with disabilities
- ◇ Report total hours worked to reflect the total hours worked by people with disabilities
- ◇ Report total wages paid to reflect the wages paid to non-disabled workers
- ◇ Report total hours worked to reflect the total hours worked by non-disabled workers
- ◇ Report the number of people with disabilities added to employment during the quarter
- ◇ Report the number of non-disabled workers added to employment during the quarter.
- ◇ Report the number of individuals with disabilities placed in competitive or supported employment in the community or with the CRP (and who are no longer working on State Use contracts) during the quarter.
- ◇ Report the wage range and the hourly range for individuals with disabilities placed in competitive or supported employment in the community or with the CRP (and who are no longer working on State Use contracts) during the quarter.
- ◇ Report the total direct labor hours for people with disabilities and non-disabled workers for the total CRP including and all Federal, Commercial, and State Use contracts.
- ◇ Sign and certify that the CRP meets the 75 percent/25 percent employment ratio for people with disabilities for the quarter

This important document is used for the Annual Report to the Legislature and it is vital that the information reported is correct.

PLEASE RETURN ALL PAGES OF THIS REPORT!

Texas State Use Program Wage Report

TIBH Industries, Inc.

Deadline
November 1, 2011

Reporting Period: July, August & September 2011

1st Quarter Wage & Hour Report

Rehabilitation Provider:

Make any name or address changes here

Route To:

This CRP is no longer a Community Rehabilitation Program in the Texas State Use Program. Our last month of activity was: _____

Section I:

HOURS & WAGES PAID DURING THE MONTHS JULY, AUGUST & SEPTEMBER, FOR STATE USE CONTRACTS ONLY.

	Disabled	Non-disabled	Total
A. Total <u>WAGES</u> paid: (Please include benefits)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
B. Total <u>HOURS</u> worked:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section II:

STATE USE CONTRACTS: EMPLOYEE TRACKING

- A. Number of employees **with disabilities** working on State Use Contracts at this CRP **ON July 1, 2011:** _____ *
- B. Number of employees **without disabilities** working on State Use Contracts at this CRP **ON July 1, 2011:** _____
- C. TOTAL Employees working on State Use Contracts at this CRP **ON July 1, 2011:** _____

D. Enter the **primary** (ONE) **TYPE** of disability for each employee with disabilities employed by this CRP **ON July 1, 2011**:

Please Use Numbers

- Mental Illness _____
- Intellectual Disability _____
- Physical Impairment..... _____
- Chemical Disorder..... _____
- Learning Disability..... _____
- Brain Injury _____
- Hearing Impairment..... _____
- Visual Impairment _____
- Other _____

TOTAL ***(MUST EQUAL NUMBER ENTERED ON LINE A OF THE PREVIOUS PAGE)**

E. Number of employees **with disabilities** working on State Use Contracts **ADDED** to this CRP during the months July, August and September:

_____ **

F. Enter the **primary** (ONE) **TYPE** of disability for each employee **ADDED** to this CRP during the months July, August and September:

Please Use Numbers

- Mental Illness _____
- Intellectual Disability _____
- Physical Impairment..... _____
- Chemical Disorder..... _____
- Learning Disability..... _____
- Brain Injury _____
- Hearing Impairment..... _____
- Visual Impairment _____
- Other _____

TOTAL **** (MUST EQUAL NUMBER ENTERED ON LINE E OF THIS SECTION)**

G. Number of employees **without disabilities** working on State Use Contracts **ADDED** to this CRP during the months July, August, and September:

Section III:

TOTAL FACILITY: REPORT INDIVIDUALS WITH DISABILITIES PLACED IN COMPETITIVE OR SUPPORTED EMPLOYMENT POSITIONS IN THE COMMUNITY OR WITHIN YOUR CRP (AND WHO NO LONGER WORK ON STATE USE CONTRACTS).

This section is used ONLY if this CRP has placed individuals with disabilities in competitive or supported employment positions in the community or within your CRP (and who no longer work on State Use contracts). **SECTION III INCLUDES YOUR ENTIRE CRP**

A. Number of individuals with disabilities placed in competitive or supported employment positions in the community or within your CRP during the months of July, August and September by this CRP: _____[†]

B. Enter the **WAGE RANGE** for those individuals with disabilities placed in competitive or supported employment positions by this CRP during the months July, August and September:

Please use numbers

\$7.00 - \$7.99 _____

\$8.00 - \$8.99 _____

\$9.00 - \$9.99 _____

\$10.00+ _____

TOTAL _____[†] (MUST EQUAL NUMBER ENTERED ON LINE A OF THIS SECTION)

C. Enter the **HOURLY RANGE** per week for those individuals with disabilities placed in competitive or supported employment positions by this CRP during the months July, August and September:

Please use numbers

00 - 09 _____

10 - 19 _____

20 - 29 _____

30 - 39 _____

40+ _____

TOTAL _____[†] (MUST ALSO EQUAL NUMBER ENTERED ON LIINE A OF THIS SECTION)

D. Enter the primary **TYPE** of disability for those individuals **OUT-PLACED** by this CRP during the months July, August and September:

Please use numbers

- Mental Illness _____
- Intellectual Disability..... _____
- Physical Impairment..... _____
- Chemical Disorder..... _____
- Learning Disability..... _____
- Brain Injury _____
- Hearing Impairment..... _____
- Visual Impairment _____
- Other _____

TOTAL _____ † (MUST ALSO EQUAL NUMBER ENTERED ON LINE A OF THE PREVIOUS PAGE)

Certification

I certify that this Community Rehabilitation Program meets the 75/25% criteria for this quarter. **This requirement pertains to all contracts which include Federal, Commercial and State Use.**

A. Total direct labor hours for disabled employees: _____

B. Total direct labor hours for non-disabled employees: _____

C. I further certify that records are maintained to verify the documented disability determination of every disabled employee referenced in line A who performs work on State Use Contracts.

Date: _____ Signature of Authorized Officer: _____

Phone Number: _____ Fax Number: _____ Email: _____

Please FAX or mail the completed and signed report by the due date to:

TIBH, Christina Bryant

1011 East 53 ½ St.

Austin, Texas 78751

cbryant@tibh.org

FAX: (512) 371- 0028 Voice: (512) 451-8145

For an electronic version of this form, send requests to: cbryant@tibh.org

cbryant@tibh.org

PLEASE RETURN ALL PAGES OF THIS REPORT!
Texas State Use Program Wage Report

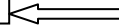
TIBH Industries, Inc.

Deadline February 2, 2012

Reporting Period: October, November, December 2011
 2nd Quarter Wage & Hour Report

Rehabilitation Provider:

Make any name or address changes here



Route To:

This CRP is no longer a Community Rehabilitation Program in the Texas State Use Program. Our last month of activity was: _____

Section I:

**Hours & Wages Paid During Months October, November, December 2011
 For State Use Contracts Only.**

	Disabled	Non-disabled	Total
A. Total <u>WAGES</u> paid: <i>(Please include benefits)</i>	\$	\$	\$
B. Total <u>HOURS</u> worked:			

Section II:

STATE USE CONTRACTS: EMPLOYEE TRACKING

A. Number of employees **with disabilities** working on State Use Contracts **ADDED** to this CRP during the months October, November, December 2011:
 _____*

B. Enter the **primary** (one) **TYPE** of disability for each employee working on State Use Contracts that was **ADDED** to this CRP during the months October, November, and December 2011:

- Mental Illness..... _____
- Intellectual Disability _____
- Physical Impairment _____
- Chemical Disorder _____
- Learning Disability _____
- Brain Injury _____
- Hearing Impairment..... _____
- Visual Impairment..... _____
- Other _____

TOTAL ***(Must equal number entered on line A of the previous page)**

C. Number of employees **without disabilities** working on State Use Contracts **ADDED** to this CRP during the months October, November, and December 2011:

Section III:

TOTAL FACILITY: REPORT INDIVIDUALS WITH DISABILITIES PLACED IN COMPETITIVE OR SUPPORTED EMPLOYMENT POSITIONS IN THE COMMUNITY OR WITHIN YOUR CRP (AND WHO NO LONGER WORK ON STATE USE CONTRACTS).

This section is used ONLY if this CRP has placed individuals with disabilities in competitive or supported employment positions in the community or within your CRP (and who no longer work on State Use contracts). **SECTION III INCLUDES YOUR ENTIRE CRP**

A. Number of individuals with disabilities placed in competitive or supported employment positions in the community or within your CRP during the months of October, November, and December 2011 by this CRP: _____**

B. Enter the **WAGE RANGE** for those individuals with disabilities placed in competitive or supported employment positions by this CRP during the months October, November, and December 2011

- \$7.00 - \$7.99 _____
- \$8.00 - \$8.99 _____
- \$9.00 - \$9.99 _____
- \$10.00+ _____

TOTAL ****(Must equal number entered on line A of this section)**

C. Enter the **HOURLY RANGE** per week for those individuals with disabilities placed in competitive or supported employment positions by this CRP during the months October, November, and December 2011

Please use numbers

00 – 09 _____

10 – 19 _____

20 – 29 _____

30 – 39 _____

40+ _____

TOTAL **** (Must equal number entered on line A of the previous page)**

D. Enter the primary **TYPE** of disability for those individuals with disabilities placed in competitive or supported employment positions by this CRP during the months October, November, and December 2011:

Mental Illness..... _____

Intellectual Disability _____

Physical Impairment _____

Chemical Disorder _____

Learning Disability _____

Brain Injury _____

Hearing Impairment _____

Visual Impairment..... _____

Other _____

TOTAL **** (Must equal number entered on line A of the previous page)**

Certification

I certify that this Community Rehabilitation Program meets the 75/25% criteria for this quarter. **This requirement pertains to all contracts which include Federal, Commercial and State Use.**

A. Total direct labor hours for disabled employees: _____

B. Total direct labor hours for non-disabled employees: _____

C. I further certify that records are maintained to verify the documented disability determination of every disabled employee referenced in line A who performs work on State Use Contracts.

Date: _____ Signature of Authorized Officer: _____

Phone Number: _____ Fax Number: _____ Email: _____

Please FAX or mail the completed and signed report by the due date to:
TIBH, Christina Bryant
1011 East 53 ½ St.
Austin, Texas 78751
cbryant@tibh.org

FAX: (512) 371- 0028 Voice: (512) 451-8145

For an electronic version of this form, send requests to: cbryant@tibh.org

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES PROCEDURES FOR CRP DOCUMENTATION OF DISABILITIES

All CRPs are required to have a completed CRP Disability Certification Form or accompanying Disability Determination Worksheet, if applicable, on file for every employee with a disability employed on State Use contracts.

The purpose of the forms and the disability documentation process is to provide a record (on file at the CRP) that every State Use contract employee with a disability has a documented disability. The Texas Council on Purchasing from People with Disabilities forms are not intended to replace any other CRP employee record, medical record, or other disability documentation prepared by a qualified professional, the CRP, or a referring social service agency.

TIBH will provide the forms to all CRPs when State Use contracts are initiated and will explain the requirements of the documentation of disabilities.

The TIBH staff will visit the CRPs and review the CRP Disability Certification Forms in accordance with TIBH's Procedures for Reviewing CRP Documentation of Disabilities.

All CRPs are subject to having files randomly reviewed by the Texas Council on Purchasing from People with Disabilities or its authorized agent, as a condition of remaining a State Use CRP. Failure to comply may subject a CRP to de-certification by the Texas Council on Purchasing from People with Disabilities under Rule 189.6.

The Texas Council on Purchasing from People with Disabilities' Disability Certification Forms are not a public record or the property of the Texas Council on Purchasing from People with Disabilities or TIBH, are a confidential employee record not to be disclosed to others except for Texas Council on Purchasing from People with Disabilities' or its agent's purposes, and are covered by applicable employee/client confidentiality practices and laws.

CRP DISABILITY CERTIFICATION FORM

1. **CRP Name:** _____

2. **Employee/Client Number:** _____
(assign a case number to each employee/client if none exists)

3. Full Time Part Time (less than 20 hours per week)

4. **Entry/Hire Date:** ____/____/____ 5. **Termination Date:** ____/____/____

6. **Position Held and Brief Summary of Work Performed:** _____

7. Referral or Evaluation Source:

- a. State, governmental or local social service agency (specify agency):
- b. Vocational Rehabilitation Specialist (must complete accompanying Disability Determination Worksheet - DDW)
- c. Other referral source (specify type of documentation by completing Item 8 below)

8. CRP Supporting Documentation of Disability or Impairment on file:

- Medical Doctor Evaluation Form
- Psychiatrist Evaluation Form
- Psychologist Evaluation Form
- Ophthalmologist Examination Form
- Optometrist Examination Form
- Proof of Social Security Disability Insurance (SSDI) Benefit
- AbilityOne/JWOD Evaluation Form
- Other Professional Evaluation Form

9. Documentation of Disability: Indicate below how this employee/client qualifies for participation in the State Use Program.

- Referral from any of the sources in **Item 7a** above (with documentation on file) implies that the referral source listed made the determination that the disability impedes the individual from maintaining gainful employment.
- Disability determination from a Vocational Rehabilitation Specialist in **Item 7b** above must include a completed Disability Determination Worksheet (DDW) indicating that the disability impedes the individual from maintaining gainful employment.
- Disability determination from a recognized licensed professional or other source in **Item 7c** above should include the professional's determination that the disability impedes the individual from maintaining gainful employment.

I certify that to the best of my knowledge the information furnished on this form is accurate. I understand and acknowledge that the above representations are material and important and will be relied upon by the State of Texas in awarding State Use contracts.

Signature of CRP Director or Designee

____/____/____
Date

Print Name and Title

Attach additional pages if necessary. This is a confidential employee record of the CRP named above. The original copy is to be maintained at the CRP for review by the Texas Council on Purchasing from People with Disabilities or its designee.

Disability Determination Worksheet
For use with Item 7b from CRP Disability Certification Form

Employee/Client Number: _____ Date: ____/____/____

Disability – a mental or physical impairment, including blindness that impedes a person who is seeking, entering, or maintaining gainful employment.

(Section 122.002 (5), Texas Human Resources Code; Texas Administrative Code, Title 40, Chapter 189)

Part I: Describe one or more indications of disability or impairment

(Attach additional pages, if necessary)

Visual

An employee's ability to utilize standard equipment and technology and move from place to place is limited by lack of visual acuity. The employee requires services or accommodations not typically provided to people without disabilities.

Examples of serious visual impairment and possible intervention strategies include the following:

- the employee needs help from others to get to and from work, such as
 - special training to learn to get to and from work, or
 - special transportation arrangements;
- the employee needs modifications, adaptive technology, or accommodations not typically made for other persons in order to move around the workplace; for example, an employee needs
 - specialized technology and/or modifications to a workstation or work environment, such as barrier identification or elimination
 - audible signaling or warning devices

Mobility

An employee's ability to move from place to place and/or move the body into certain positions is limited. The employee requires services or accommodations not typically provided to people without disabilities.

Examples of seriously limited capacity in mobility and possible intervention strategies include the following:

- the employee needs help from others to get to and from work, such as
 - special training to learn to get to and from work, or
 - a vehicle modification;
- the employee needs modifications, adaptive technology, or accommodations not typically made for other persons in order to move around the workplace; for example, a employee needs
 - modifications to a workstation or work environment such as, ramps, elevators, or
 - a scooter or wheelchair.

Self-care

An employee's ability to perform activities related to health and hygiene are limited in a way that requires services or accommodations not typically provided people without disabilities.

Examples of seriously limited capacity in self-care and possible intervention strategies include the following:

- the employee needs help to manage self-care activities such as eating, dressing, grooming, or taking medication; or
- the employee uses assistive or adaptive devices for self-care, such as braces, upper limb prosthetics, or a walker.

Seriously limited capacity in self-care may occur because of physical, cognitive, or emotional impairments and may apply to all tasks of self-care or only to specific tasks.

Self-direction

An employee's ability to control and regulate his or her personal, social, and work life is limited in a way that requires services or accommodations not typically provided people without disabilities.

Examples of seriously limited capacity in self-direction and possible intervention strategies include the following:

- the employee becomes confused or disoriented in performing routine job tasks and needs the help of a job coach or other supports;
- the employee needs ongoing help or intervention (such as a job coach or constant monitoring and redirection on the job) for activities related to task completion, socialization, or behavior management; and
- the employee lacks skill in money management, time management, or maintaining a schedule to an extent that interferes with the employee's ability to participate in training or prepare for, enter, engage in, or retain gainful employment (such as inability to plan or follow a schedule, or manage time to complete job duties).

Work Skills

An employee's ability to acquire and maintain needed job skills is limited, and the employee requires services or accommodations not typically provided to people without disabilities.

Examples of seriously limited capacity in work skills and possible intervention strategies include the following:

- the employee needs modifications, adaptive technology, or accommodations (such as a note taker, interpreter, or personal assistant to get to and from training) not typically made for people without a disability to acquire necessary work skills or training to prepare for, enter, engage in, or retain gainful employment; and
- the employee needs specialized supports (such as a job coach, job duty modification, or job restructuring) to obtain, maintain, or retain employment not typically made for others in the workplace.

NOTE: The lack of work skills alone does not meet the criteria for seriously limited capacity in work skills.

Work Tolerance

An employee's ability to consistently and adequately perform a job based on the physical, emotional, environmental, and psychological demands of the position is limited, and the employee requires services or accommodations not typically provided to people without disabilities.

Examples of seriously limited capacity in work tolerance and possible intervention strategies include the following:

- the employee needs modified job duties or assistive devices to perform job duties, or needs altered work schedule or work hours, or needs frequent rest or breaks not typically required for others in the workplace; and
- the employee lacks the strength, stamina, or capacity to perform effectively and efficiently the job duties that require various levels of physical or psychological demand (such as works poorly under stressful conditions or deadlines, or is unable to perform labor-intensive job duties because of a physical disability).

Interpersonal Skills

An employee's ability to establish and maintain appropriate relationships with other people in the workplace is limited, and the employee requires services or accommodations not typically provided to people without disabilities.

Examples of seriously limited capacity in interpersonal skills requiring possible intervention strategies include the following:

- the employee's inability to establish appropriate relationships with co-workers, employers, and others in the workplace (for example, history of job loss because of conflicts with employers or co-workers); and
- the employee cannot interact with others in a socially appropriate manner or exhibits inappropriate behaviors that interfere with preparing for, entering, engaging in, or retaining gainful employment (for example, the employee has difficulty relating to co-workers, talks excessively, or behaves inappropriately in the job setting).

Communication

An employee's ability to convey and receive information efficiently and effectively is limited, and the employee requires services or accommodations not typically provided to people without disabilities.

Examples of seriously limited capacity in communication requiring possible intervention strategies include the following:

- the employee has difficulty exchanging information through spoken or written expression, and this difficulty impacts the ability to perform a job or engage in training for gainful employment (for example, inability to hear and understand ordinary spoken language in the workplace or to speak in a manner that is intelligible to nonfamily members).
- the employee requires modifications, adaptive technology or accommodations (not typically required for non-disabled people) to effectively and efficiently communicate orally or in writing with others (for example, the need for an interpreter for training, use of a TTY or TDD to perform job duties, or use of specialized communication equipment to produce speech).

NOTE: The limited capacity results from a related communication disability, not from a communication problem resulting from language or cultural differences.

Part II: Determination

Based on the stated definition of disability and the above evaluation, it is my professional opinion that this individual is disabled and is currently impeded from maintaining gainful employment.

I certify that to the best of my knowledge the information furnished on this form is accurate. I understand and acknowledge that the above representations are material and important and will be relied upon by the Texas Council on Purchasing from People with Disabilities in awarding and maintaining contracts.

Signature of Evaluator

____/____/____
Date

Print Evaluator's Name and Title

Evaluator's Qualifications:

This is a confidential employee record of the CRP named above. The original copy is to be maintained at the CRP for review by the Texas Council on Purchasing from People with Disabilities or its designee.

Chapter 122, Texas Human Resources Code
40 Texas Administrative Code, Part 7, Chapter 189
Texas Council on Purchasing from People with Disabilities, Rule 189.6
P.O. Box 13528, Austin, TX 78711-3528

TIBH PROCEDURES FOR REVIEWING CRP DOCUMENTATION OF DISABILITIES

At the time of a CRP's re-certification, the TIBH staff will visit the CRP and review the CRP Disability Certification Forms for all employees with disabilities working on State Use contracts.

TIBH staff will be required to conduct a review of a CRP's Disability Certification Forms for all employees with disabilities for all new and/or transferred State Use contracts.

All CRPs are subject to having its CRP Disability Certification Forms randomly inspected by the Texas Council on Purchasing from People with Disabilities or its authorized agent.

TIBH staff will conduct a minimum of one random inspection per quarter.

TIBH staff will complete a TIBH Review of CRP Documentation of Disabilities form for TIBH internal records. If a CRP is not in compliance, the CRP Director must submit a letter of explanation of non-compliance to TIBH. The CRP will have 30 days to complete the necessary paperwork. If the CRP does not have the proper documentation on file after 30 days, the information will be reported to the Texas Council as being out of compliance at its next scheduled quarterly meeting.

Upon completion of a review, the TIBH staff will leave a signed copy of the TIBH Summary of Review of CRP Documentation of Disabilities with the CRP.

TIBH Summary of Review of CRP Documentation of Disabilities

Name of CRP: _____ **Location:** _____

Reason for Review:

- CRP Recertification New or Transferred Contract Random Review

State Use Contract Number Reviewed	Complete	Incomplete

CRP Employee/Client Number Reviewed	Complete	Incomplete

continued on back

Remarks: _____

CRP Executive Director or Designee

TIBH Staff

Date of Review

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES

APPLICATION FOR 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;
- 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;
- 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 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); and
- 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.

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
APPLICATION FOR CERTIFICATION

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 Certification Checklist

CRP Name: _____

Contact Person: _____

Contact Phone: _____

Required Attachments:

- A copy of the IRS non-profit determination – Sec. 501(c) or other, if required by law;
- 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;
- 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 current 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.

NOTE: The application must be signed by the TIBH Region Manager.

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
Application for Certification

CRP Information

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 TIBH	_____	_____
Personnel Management:	_____	_____

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). _____

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
Application for Certification

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.)

To obtain CRP certification, all listed documents are required

- A copy of the IRS non-profit determination – Sec. 501(c) or other, if required by law;
- 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;
- A list of the board of directors, including names, addresses, and telephone numbers;
- A copy of the organizational chart with job titles and names;

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
Application for Certification

- 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.)

Yes _____ No _____

If no, please explain _____

Real or apparent conflicts of interest may occur if a CRP employee, TIBH employee, council member 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 be canceled. If a real or apparent conflict of interest exists, TIBH or the council should be contacted prior to submission of this application.

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
Application for Certification

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 council.

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 council and TIBH Industries, Inc.

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 Council Use Only

Date received from CRPs Corrective Action Due CAP Received

On-Site Visit Date Assigned Region Manager Signature Reviewed by Council CRP Liaison and Date

Contract Effective Date: _____

Please return to the Texas Council on Purchasing from People with Disabilities c/o TIBH Industries, Inc. CRP Compliance Certification at 1011 East 53 ½ Street, Austin, Texas 78751.

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: _____

Required Attachments:

- 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 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 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.

TEXAS COUNCIL ON 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 TIBH	_____	_____
Personnel Management:	_____	_____

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
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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 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 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 Council 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, TIBH employee, council member 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 the council should be contacted prior to submission of this application.

TEXAS COUNCIL ON PURCHASING FROM PEOPLE WITH DISABILITIES
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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, TIBH, and/or the council.

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 the council and TIBH Industries, Inc.

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 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)

Please return to the Texas Council on Purchasing from People with Disabilities c/o TIBH Industries, Inc. CRP Compliance Certification at 1011 East 53 ½ Street, Austin, Texas 78751.

STATE USE SET-ASIDE SERVICING AGREEMENT

Each CRP is required to sign one State Use Set-Aside Servicing Agreement per year. The Agreement is effective from October 1 through September 30. The Agreement applies to the CRP's products, services and temporary employment services supplied through the State Use Program.

State Use Set-Aside Servicing Agreement

(1) State Use contract(s) or other contract(s) for services or products has/have been assigned to

an eligible Community Rehabilitation Program (CRP), as Principal, by TIBH Industries, Inc. (TIBH) pursuant to the authority granted in Chapter 122, Texas Human Resources Code, and the terms and conditions of this Agreement.

(2) TIBH, as a limited Agent for Principal and for its services as Agent, shall be entitled to the following:

- (a) Servicing of payments due to Principal under the contract(s): Principal hereby authorizes Agent, at its election, to bill the Receiving Party/customer (state or local agency purchaser) directly for payments due under any referenced contract, deduct Agent's compensation provided in subparagraph (c) hereunder, and promptly remit the balance due to Principal. Any advance or voluntary early payment under the contract(s) by TIBH to Principal is subject to subsequent and timely receipt by TIBH of the underlying contract payment(s) from Receiving Party/customer, and TIBH may charge back or delay further contract payment remittances to Principal in the event of non-payment, delayed payment, performance or payment dispute, or any contract interruption or cancellation initiated by Receiving Party/customer or Principal. TIBH does not guarantee payment or assume the risk of non-payment to Principal under any contract if Receiving Party/customer refuses, reduces or delays payment to TIBH for any reason.
- (b) Submittal by Principal of timely and complete reports as requested by TIBH to comply with provisions of Chapter 122 for required State Use Wage Reports, Disability Determination verification, and other Chapter 122 compliance requirements.
- (c) For TIBH assistance in helping Principal arrange to furnish products or services to the Receiving Party/customer, and for servicing any contract, compensation payable to TIBH as follows:
 - Maximum of 6.00% of service sales either billed or collected by TIBH or billed or collected by or for Principal during the duration, extension or renewal of all referenced contract(s);
 - Maximum of 5.00% of temporary employment service sales either billed or collected by TIBH or billed or collected by or for Principal during the duration, extension or renewal of all referenced contract(s);
 - 6.00% of product sales either billed or collected by TIBH or billed or collected by or for Principal until the product(s) reflected in any referenced contract(s) is/are no longer approved as state set-aside product(s) or is/are no longer offered for sale by TIBH.
 - The referenced percentage due to TIBH shall cover all contract amounts of every kind, including purchase orders or verbal authorizations, negotiated or procured directly or indirectly by TIBH after the date of this Agreement and until its termination or express modification.

(3) Should the Principal (Performing Party under the referenced contract(s)) materially fail to perform under any contract during its term after notification by the Receiving Party/customer and/or Agent of deficiencies in such performance, Agent may issue a determination that it is reasonably expected that the contract cannot be properly fulfilled by the Principal, and Agent may thereupon terminate this Agreement as to that contract. Agent may thereafter substitute another Performing Party community rehabilitation program (CRP) to fill the balance of the contract, and Principal shall reimburse Agent for any penalties, expenses and damages for which Agent becomes liable as a result of such termination. In addition to Agent's rights, powers, and remedies under this Agreement or law, Principal grants Agent a right of set-off against all of Principal's funds or property now or hereafter in possession of Agent or to be received or serviced by Agent.

(4) In executing this Agreement, Principal hereby acknowledges that Agent acts solely as its representative as specified in state law, that Agent does not take title to any goods or products sold under any contract, that Agent is not a performing party to any contract, that this Agreement does not constitute a document of title or contract or receipt for the sale of goods, and that Agent is not a buyer or seller of goods, not a bailee, consignee, merchant or manufacturer. Agent has made no warranties, express or implied, for Principal or to Receiving party/customer as to the merchantability or fitness for use of any of the goods described in any referenced contract. As the Performing Party in any referenced contract, Principal acknowledges that it alone is responsible for verifying, accepting and fulfilling the contract terms and conditions, cost estimates, pricing, specifications, measurements, quantities, shipping costs, customer's requirements, liabilities and all other risks and circumstances relevant to performance under any referenced contract.

(5) Agent shall not be liable or responsible for, and shall be indemnified and held harmless by Principal, from and against any and all claims and damages of every kind, including claims from Receiving Party/customer against Agent for faulty performance or default by Principal, and for injury to or death of any person or persons, and for damage to or loss of property, arising out of or attributed directly or indirectly, to the operation or performance of Principal under this Agreement or any referenced contract or activity. This Agreement is to be performed in Travis County, Texas. If the Principal/CRP herein is an agency or subdivision of the State of Texas, the indemnification terms in this paragraph are null and void and of no effect.

(6) Additional terms:

For valuable consideration, this Agreement is entered into by Principal/CRP (Performing Party) and Agent (TIBH) by the undersigned authorized officers.

TIBH INDUSTRIES, INC., AGENT:

PRINCIPAL/CRP:

By: _____
Fred M. Weber, Jr., President & CEO

By: _____
Authorized Representative

Date: _____

Date: _____