

**2024 CONTRACT SUBMISSION CHECKLIST
FOR CONTRACT COORDINATOR DOCUMENTS**

Please return the following Contract Coordinator Documents for your agency in **one** (1) email correspondence to your assigned Contract Coordinator. To help ensure timely identification, please have the email Subject Line read: **2024 Contract Submission - Agency Name.**

i.e. 2024 Contract Submission - BestSelf Behavioral Health

- **Your updated 2024 Scope of Service(s) with Track Changes on**
- **Completed and signed 2024 Corporate Compliance Plan Certification**
- **Completed and signed 2024 Disaster Preparedness and D-COOP**
- **Completed and Signed 2024 Contract Submission Checklist**

PLEASE DO A FINAL REVIEW OF THESE DOCUMENTS, COMPLETE THE CHECKLIST BELOW AND SUBMIT THIS CHECKLIST TO YOUR CONTACT COORDINATOR WITH THE FOLLOWING COMPLETED AND/OR SIGNED:

On each of the Program Scope of Service (SoS):

Be sure to use "Track Changes" in Microsoft Word when updating and submit to your Contract Coordinator in .DOCX (Word) with Track Changes still on so they can review and approve any changes. Please review that the below information has been completed and / or updated for 2024:

- Site Address** is the correct Program location or fill in if blank;
- Hours of Operation** (including days) for Program are correct;
- Be sure you have entered:
 - **Operating Capacity Number,**
 - **Annualized Number** to be served in **2023,** and
 - **Projected Number** to be served for **2024.**
- Review **Service Description** and edit/add text accordingly;
- Review **Target Population** and edit/add text accordingly;
- Review **Special Population** and edit/add text accordingly;
- Add **Notes** where applicable; and
- The **Agency Preparer** typed in the requested information on the last page.

Other documents to be submitted:

- 2024 Corporate Compliance Plan Certification**
Now in fillable PDF format and does not require original signature, e-signatures acceptable.
- 2024 Disaster Preparedness and D-COOP**
Now in fillable PDF format and does not require original signature, e-signatures acceptable.

Signature/e-signature of person preparing submission packet

Date

Printed Name: _____

Title: _____

Agency Name: _____