

Erie County Department of Mental Health (ECDMH) 2024 Contract Submission Checklist

PLEASE COMPLETE THIS PAGE & RETURN ALONG WITH ONE (1) FULLY-EXECUTED, ORIGINAL SET OF THE REQUIRED DOCUMENTS LISTED BELOW – **DO NOT PRINT DOUBLE-SIDED OR STAPLE.**

SEND VIA HAND-DELIVERY OR U.S. MAIL ONLY TO:

Attn: Melissa Stark
Contracts Technician
Erie County Department of Mental Health
95 Franklin Street-Room 1237
Buffalo, NY 14202

- 2024 ECDMH Contract** - with original (inked) signature and notary pages;
- 2024 Scope of Service(s)** – review, print single-sided and return;

We have made the PDFs below into fillable forms, please “save as” then complete the required fields. Please note, The BAA and Equal Pay certificate still require original (inked) signatures:

**These documents are now in Fillable PDF Format but require original (inked) signatures*

- 2024 Contract Submission Checklist** - completed and signed;
- 2024 Business Associate Agreement** – completed on page 13 and page 15 with original signature; and
- 2024 Erie County Equal Pay Certification** - with original signatures and Section B of the Notary “Verification” section completed. **Be sure Notary Commission is dated current.*

HUD and/or SAMHSA Subrecipients ONLY:

- HUD Subrecipient Agreement** (*only applies to HUD Housing agencies*)
 - if signature is required, return with original signature,
 - if signed previously, print single-sided and return; and/or

- SAMHSA Subrecipient Agreement** (*only where applicable*)
 - if signature is required, return with original signature,
 - if signed previously, print single-sided and return.

Your signature acknowledges that the following documents are also part of the 2024 ECDMH Contract:

- **Appendix A: 2024 Agency Scope of Service(s);**
- **Appendix B: 2024 ECDMH Policy & Procedure Manual;**
- **Appendix C: Agency Required Certificates of Insurance;**
 - Please refer to *2024 ECDMH Insurance Requirements* on our website:
<https://www3.erie.gov/mentalhealth/information-contract-agencies>

Please note, no advances can or will be made until we have received all proof that insurance policies are current and they have been approved by the Assistant County Attorney

- **Appendix D: 2024 Prevention Providers: “Prevention Deliverables Handbook”** (*where applicable*);
- **Appendix E: 2024 County of Erie Equal Pay Certification;** and
- **Appendix F: Subrecipient Agreement(s): HUD & SAMHSA** (*where applicable*)
- **Appendix G: 2024 Business Associate Agreement (BAA)**

Signature of Person Preparing Submission Packet

Date

Print Name: _____

Title: _____

Agency Name: _____