

INSTRUCTIONS FOR 2025 SCOPE OF SERVICE
FOR REFERENCE ONLY

This portion below with a red indicator (>) has been completed for you by ECDMH, leave “AS IS”:

>Appendix A: Scope of Service – **Leave “AS IS” – ECDMH has entered this**
>Contract Year: 2025 – **Leave “AS IS” – ECDMH has entered this**
>Agency Name: AGENCY NAME (ALL CAPS) – **Leave “AS IS” – ECDMH has entered this**
>Program Name: **Program Name (Bold Font)** – **Leave “AS IS” – ECDMH has entered this**
>Program Type: Program Type – **Leave “AS IS” – ECDMH has entered this**
>Program Code: Program Code – **Leave “AS IS” – ECDMH has entered this**

>ClearPoint Outcome Report: (Report Name) – **Leave “AS IS” – ECDMH has entered this**

Please update all highlighted headings below as needed. Use TRACK CHANGES for any revisions so your Contract Coordinator can easily note and approve these changes. Please do not add Comments unless they are necessary to assist with your changes. (If you do not use Track Changes it may delay ECDMH’s ability to review and approve in a timely manner.)

Site Address: Program address provided for 2025 contract should be included here – **Update this if there has been a change in address for the Program in reference – PLEASE DO NOT LEAVE BLANK**

Hours of Operation: Program days and hours of operation for 2025 contract are included here – **Update this if hours have changed – PLEASE DO NOT LEAVE BLANK**

Operating Capacity: Program operating capacity for 2025 contract is included here **which is the total number of individuals that can be served at one time – Update, as needed – PLEASE DO NOT LEAVE BLANK – if this does not apply mark N/A**

These 2 items below do not apply for CCSI and have been removed from their SoS
Annualized Number to be served in 2024: – Update – PLEASE DO NOT LEAVE BLANK

Projected Number to be served for 2025: – Update – PLEASE DO NOT LEAVE BLANK

Service Description: – **Update for 2025, as needed**
2025 Service Description written here

Target Population: – **Update for 2025, as needed**
2025 Target Population written here

Special Population: – **Update for 2025, as needed**
2025 Special Population indicated here

Notes: – Update for 2025, as needed

Any Notes from 2024 written here, please remove and / or update for 2025

(Enter the name, title & email for person who has reviewed, completed and submitted this Scope of Service for 2025 below).

Submitted By: Name of Agency Program Representative
Title: Enter Title of Rep. named above
Email: Name@emailaddress.org

Press the spacebar at the end of your email address for your email to turn blue with hyperlink.

Please do not hit enter after filling in email address (do not delete the Automated Blue ECDMH Text Box below).

Keep "Track Changes On," SAVE and send all agency SoS to your assigned ECDMH Contract Coordinator, as explained in their CC email.

Agency should not complete the section below. This is for ECDMH use only.

TO BE COMPLETED BY ECDMH ONLY

ECDMH Approved By:

Date: