2027 CONTRACT YEAR SoS AND FORMS SUBMISSION CHECKLIST

Please return the following documents for your agency to your assigned Contract Coordinator, preferably in **one** (1) email. If you are not able to send everything in one email because of the number of attachments and limits on email size, you can send in more than one email, but everything should be sent at the same time.

Please use the email Subject Line: **2027 Contract Year SoS and Forms - Agency Name.**

If you need to send your documents in more than one email, please also include the email number and total number of emails needed to send your documents (ex. *1 of 2 or 2 of 2*).
i.e. 2027 Contract Year SoS and Forms - BestSelf Behavioral Health (1 of 2)

Please attach to this email:

- Your updated 2027 Scope of Service(s) in Word with Track Changes on;
- Completed and signed **2027 Corporate Compliance Plan Certification**;
- Completed and signed **2027 ECDMH Disaster Preparedness Contacts and COOP**;
- Your agency's Continuity of Operations Plan (COOP)
- Completed and signed **2027 Contract Year SoS and Forms 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:

☐ **Program Scope(s) of Service (SoS):**

- Be sure to use "Track Changes" in Microsoft Word when updating.
- Save with Track Changes on and submit to your Contract Coordinator in .DOCX (Word).
- Please use clear, plain language, that is easy to understand and provides sufficient detail to describe the program and target population.
- Refer to the **2027 Final_Scope of Service Guidance** document which outlines what should be included in each section of the SoS.

Other documents to be submitted:

☐ **2027 Corporate Compliance Plan Certification**
(Fillable PDF format and does not require original signature, e-signatures acceptable.)

☐ **2027 ECDMH Disaster Preparedness Contacts and COOP**
(Fillable PDF format and does not require original signature, e-signatures acceptable.)

☐ Agency Continuity of Operations Plan (COOP)

_____ _____
Signature/e-signature of person preparing submission packet Date

Printed Name: _____

Title: _____

Agency Name: _____