Appendix A: Scope of Service
Contract Year*:* 2027
Agency Name:
Program Name:
Program Type:
Program Code *(with PC Suffix)*:

This information will be pre-filled with your program information. Do not edit this section.

ClearPoint Outcome Report:

Site Address: *Please review and update as needed. Include all site addresses.*

Days and Hours of Operation: *Please indicate days and hours of operation for each of the locations listed above.*

Operating Capacity: *This is the number of individuals that can be served at a given time by this service through the funding provided by ECDMH. If an update is needed, please note this in the Scope of Service and contact your contract coordinator to discuss the reason for the change.*

Annualized Number to be served in 2026: *This is the number of people you expect to serve through the end of 2026. You should have your actual numbers through the end of Q2. To get this number add the number served through the end of Q2 + number expected to be served in Q3 and Q4. Please review and update as needed. The draft document you receive will have the number from the prior year SoS.*

Projected Number to be served for 2027: *Please review and update as needed. The draft document you receive will have the number from the prior year SoS.*

How do people typically find or are referred to this service: *Briefly describe how people find their way to this service. This is a new piece of information we are asking for this year.*

Service Description:
Description of the specific service(s) that will be delivered. You should include the purpose / intent of the service and deliverables. This section should include sufficient details and thoroughly describe the service to be delivered. Do not include information about the agency, history, and other programs offered unless there is a direct connection to the program you are describing.
In this section you should include:

- *What: What service is to be delivered*
- *How: Provide details about how the service is delivered*
- *Where: In what types of locations is this service delivered? (ex. Face to face vs. remotely, at the agency, in specific community locations, etc.)*
- *Why: What is the purpose of the service being delivered?*

Instead of using very general terms like "assist," "support," etc., the contract agency should explain how they do these things. For example, "Assist clients in obtaining jobs by reviewing job postings with them, providing feedback on their resume, and teaching interview skills."

Target Population:

Description of the population that will be receiving this service.

Special Population:

If needed, you should also complete the Special Populations section, but much of the information that has been provided in these sections is likely to be more appropriate for the Program Service Description and the Target Population sections. You do not have to repeat information provided elsewhere on the SoS.

Full Time Equivalents (FTE) by Title/Role funded in ECDMH contract:

In this section, please include the total FTEs of personnel by type (ex. Clinical staff, peers, drivers, etc.) that are funded by the ECDMH contract. An FTE, or Full Time Equivalent, is a unit that measures an employee's work in terms of a full-time position, regardless of whether they are part-time or full-time. It is calculated by dividing the total hours an employee works by the number of hours that constitutes a full-time job at a company. For example, two employees who each work 20 hours a week would equal one FTE, as their combined hours (40) match a standard full-time schedule. An employee that works 20 hours a week is 0.5 FTE.

Notes:

Report anything else that is noteworthy for this contracted service with ECDMH that is not included in another section of the SoS.

Submitted By:

Title:

Email:

This section must be completed by the agency prior to submitting the SoS

DO NOT DELETE THE ECDMH CC SIGNATURE BOX BELOW ⬇

TO BE COMPLETED BY ECDMH ONLY
ECDMH Approved By:
Date: