

**FY 2014/15 GENERAL REVENUE & CHANGE FOR CHANGE CONTRACT
SUBMISSION INSTRUCTIONS**

Please carefully read the entire handout before completing the Agreement. For your convenience, this packet includes the following resources:

1. Three (3) copies of the Agreement (Please sign and return all 3 copies.)
2. A copy of the Agreement attachment
3. Your agency's Florida Department of State, Division of Corporations filing record (**The agency's legal name as registered with the Department of State is the only name that can be listed on the Agreement, including the attachments to the Agreement.**)
4. **A copy of the Provider Self-Monitoring Checklist, which must be submitted with the contract**

*Please submit three (3) copies of the complete Agreement to our office by 5:00 p.m., on Wednesday, October 15, 2014, at the mailing address listed below. Please note that the submission due date is mandatory unless you receive an extension by this office based on extraordinary circumstances. **To expedite the approval process you can submit the contract materials earlier than the due date.***

Mailing Address for City of Tallahassee	Physical Address for City of Tallahassee
Pat Holliday, Human Services Division Economic & Community Development Department 300 South Adams Street, B-27 City Hall Tallahassee, Florida 32301-1731	435 North Macomb Street Renaissance Building (located in Frenchtown) Third floor

Before submitting the Agreement packets to our office, please carefully review all three (3) copies for accuracy, and **make certain the Agreement is numbered sequentially, starting on page one (1), which would be the first page of the Agreement. *The submission of incomplete agreements will result in a delay in the execution of the contract.***

Please note that one **complete General Revenue or Change for Change Agreement includes** the following sections:

1. The General Revenue or Change For Change Agreement, *with original signatures, including 2 witnesses to the signatory*
2. Attachment A: Statement of Work
3. Attachment B: Collaboration Plan
4. Attachment C: Program Logic Model
5. Attachment C1: Outcome Measurement Framework
6. Attachment D: Method and Amount of Compensation
7. Attachment D1: Vendor Information/W-9 Forms

In reference to the *Outcome Measurement Framework*, you can utilize the applicable sections included in your 2014/15 CHSP application; however, please modify the sections to conform to the Agreement's headings.

SPECIAL NOTE/LIABILITY COVERAGE: PLEASE ENSURE THAT THE CITY OF TALLAHASSEE IS ADDED AS AN ADDITIONAL INSURED. (If your policy does not include this stipulation, please make the necessary changes and submit the documentation along with the Agency Agreement. Please note this is a mandatory requirement.)