

LEON COUNTY
FY 2014/15 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 attachments
3. *A copy of the Provider Self-Monitoring Checklist*, which must be submitted with the contract
4. *Agency contact information sheet*

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 and Physical Address for Leon County
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Tiffany Y. Harris Human Services and Community Partnerships 918 Railroad Avenue Tallahassee, FL 32310
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Before submitting the Agreement packets to our office, please carefully edit all three (3) copies for accuracy. *The submission of an incomplete agreement will result in a delay in the execution of the contract.*

Please note that a complete Contract includes the following sections:

1. LEON COUNTY CONTRACT AGREEMENT *with original signatures, including two (2) witnesses to the signatory*
2. ATTACHMENT A: STATEMENT OF WORK
3. ATTACHMENT B: COLLABORATION PLAN
4. ATTACHMENT C: PROGRAM LOGIC MODEL
5. ATTACHMENT C 1: OUTCOME MEASUREMENT FRAMEWORK
6. ATTACHMENT D: METHOD AND AMOUNT OF COMPENSATION
7. LEON COUNTY CHSP AGENCY CONTACT INFORMATION SHEET and /W-9 Forms

Also, please submit the following organizational documents with the contract:

1. The 501(c) (3) status letter from the United States Department of Treasury.
2. Proof of registration with the Florida Department of Agriculture and Consumer Services
3. The sales tax exemption registration letter from the Florida Department of Revenue, pursuant to Section 212.08
4. The Nondiscrimination and Equal Opportunity Policy
5. The Fiscal Management Policies/procedures (The policy must include the following stipulations: The agency has a Check Signing Policy that requires two or more signatures based on certain fiscal thresholds approved by the board of directors. Furthermore, the policy specifies that no agency staff, including the executive director, can sign a check written to him or her or written for cash. The policy must include specification and internal safeguards (board oversight) regarding making withdrawals from the agency's accounts.) Please attach a copy of this policy signed by the Board President or Board Treasurer.
6. The current IRS Form 990
7. The most recent audit, if applicable
8. The Records Retention Policy
9. The Conflict of Interest Policy
10. Proof of liability coverage
11. *Provider Self-Monitoring Checklist*