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|  | | | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **DCYF Regional Contract Request**  **To be completed by the STAFF requesting services.** | | | | | | | | | | | | | | | | | | |
| **Important note to regional staff requesting services: Most standard contracts can take 4 – 6 weeks**   * Do not authorize services until you have been notified by the Contract Manager that an executed contract is in place. * Contact the Regional Contracts Manager to learn the status of this request. | | | | | | | | | | | | | | | | | | | | | |
| **1. Staff requesting the proposed contract** | | | | | | | | | | | | | | | | | | | | | |
| REQUESTOR’S NAME | | | | | | TITLE | | | | | | | | | | | | | | | |
| OFFICE | | | | | | | | | PHONE NUMBER (WITH AREA CODE) | | | | | | | | | | EMAIL | | |
| ASSIGNED CASE WORKER’S NAME, IF DIFFERENT | | | | | | | | | PHONE NUMBER (WITH AREA CODE) | | | | | | | | | | EMAIL | | |
| REQUESTOR’S SIGNATURE DATE | | | | | | | | | | | | | | | | | | | | | |
| **2. Services requested** | | | | | | | | | | | | | | | | | | | | | |
| TEMPLATE (SELECT TEMPLATE TYPE FROM DROP DOWN BOX) | | | | | | | | | | | | PROPOSED START DATE PROPOSED END DATE | | | | | | | | | |
| COMBINED IN-HOME SERVICES REQUESTED AND/OR CUSTOM SERVICES; LIST IN-HOME SERVICES OR DESCRIBE CUSTOM SERVICES: | | | | | | | | | | | | | | | | | | | | | |
| Have services already been provided?  No  Yes; if yes, attach completed After-the-Fact Contract Justification (DCYF form 15-472). If yes, please explain: | | | | | | | | | | | | | | | | | | | | | |
| **3. Child Specific Placement Only. Please complete all applicable boxes.** | | | | | | | | | | | | | | | | | | | | | |
| CHILD’S FAMLINK ID NUMBER | | | | CHILD’S NAME | | | | | | | | | PROPOSED PLACEMENT DATE | | | | | | | | MONTHLY RATE |
| SUPERVISOR RATIO (STAFF TO CHILD) AND NUMBER OF HOURS / 24-HOUR / DAY | | | | | | | | | | | | | | | In-Home Service  Out-of-Home Service  Out-of-State Service | | | | | | |
| **4. For New Contracts** | | | | | | | | | | | | | | | | | | | | | |
| Please explain why you are requesting this provider for this services. Explain why you are not using a current Contractor: | | | | | | | | | | | | | | | | | | | | | |
| **5. Contractor Information** | | | | | | | | | | | | | | | | | | | | | |
| NAME OF PROVIDER OR BUSINESS | | | | | | | | | | | | | | | | | | | | | |
| CONTACT PERSON’S NAME | | | | | | TITLE | | | | | | | | | | | | | | | |
| PHONE NUMBER (WITH AREA CODE) | | | | | | | | FAX NUMBER (WITH AREA CODE) | | | | | | | | | VENDOR | | | | |
| ADDRESS CITY STATE ZIP CODE | | | | | | | | | | | | | | | | | | | | | |
| IF DIFFERENT, WHO HANDLES PROVIDER’S CONTRACT ISSUES? PHONE NUMBER (WITH AREA CODE) | | | | | | | | | | | | | | | | | | | | | |
| **6. Accounting Information** | | | | | | | | | | | | | | | | | | | | | |
| Complete the Account Coding below if this request is for a Custom contract OR new service. **Not required for current template contracts:** | | | | | | | | | | | | | | | | | | | | | |
| FUND | APPN | PROGRAM | | | SOBJ | | SSOBJ | | | ORG | ALLOC | | | PROJECT | | | | SPROJ | | PROJPH | AMOUNT |
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| Complete below for **ALL** contracts that involve any type of funding: | | | | | | | | | | | | | | | | | | | | | |
| MAXIMUM CONSIDERATION  **$** | | | STATE FUNDS  **$** | | | | | | | FEDERAL FUNDS  **$**  CFDA NO. | | | | | | LOCAL FUNDS  **$** | | | | | OTHER FUNDS  **$** |
| No Federal Funds involved | | | | | | If Federal Funds involved, Contractor is:  Vendor  Sub-recipient | | | | | | | | | | | | | | | |
| **7. Regional Approvals** | | | | | | | | | | | | | | | | | | | | | |
| SUPERVISOR’S APPROVAL SIGNATURE DATE  Approved  Denied  COMMENTS (IF DENIED, COMMENTS REQUIRED): | | | | | | | | | | | | | | | | | | | | | |
| AREA ADMINISTRATOR’S APPROVAL SIGNATURE DATE  Approved  Denied  COMMENTS (IF DENIED, COMMENTS REQUIRED): | | | | | | | | | | | | | | | | | | | | | |
| REGIONAL PROGRAM MANAGER’S APPROVAL SIGNATURE DATE  Approved  Denied  COMMENTS (IF DENIED, COMMENTS REQUIRED): | | | | | | | | | | | | | | | | | | | | | |
| REGIONAL OPERATIONS MANAGER’S APPROVAL SIGNATURE DATE  Approved  Denied  COMMENTS (IF DENIED, COMMENTS REQUIRED): | | | | | | | | | | | | | | | | | | | | | |
| REGIONAL ADMINISTRATOR OR DESIGNEE’S APPROVAL SIGNATURE DATE  Approved  Denied  COMMENTS (IF DENIED, COMMENTS REQUIRED): | | | | | | | | | | | | | | | | | | | | | |