|  |  |
| --- | --- |
|  |  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 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 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): |