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|  | The Community Partnership for the Prevention of Homelessness Contract Deliverable Submission Form**Management/Sole Source Contracts**  |

The Community Partnership for the Prevention of Homelessness (TCP) requires any contractor to submit deliverables to support the contract. All contract deliverables are required for submission within **7 calendar days** of the date of contract execution. Please complete the checklist and return to TCP with applicable deliverables. TCP will return this to the agency executive leadership as a receipt of submission. Please retain this document once returned for your records. If you need more information on the documents listed below, please review your contract or visit our website:

[*http://www.community-partnership.org/providers/contract-documents*](http://www.community-partnership.org/providers/contract-documents)

### Contract Information

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| Name: |  | Date of Submission: |  |
| Title:  |  | Contract Number:  |  |
| Email:  |  | Program Name:  |  |
| Contract Period:  |  | Is this contract for a site-based program?  |  |

### Contract Deliverables

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| Master Deliverables | Provider Submitted | TCP Reviewed | Tier 1 Deliverables | Provider Submitted | TCP Reviewed |
| Agency Organizational Chart  |[ ] [ ]  Signed Contract |[ ] [ ]
| Employee Handbook  |[ ] [ ]  Initial Budget – DHS Funded Programs (TCP Form 327) |[ ] [ ]
| Organizational Budget  |[ ] [ ]  Budget Narrative (TCP Form 328) |[ ] [ ]
| ACH Enrollment/Change Form  |[ ] [ ]  Staffing List (TCP Form 905) |[ ] [ ]
| Insurance Certificate |[ ] [ ]  Payroll Calendar/Schedule  |[ ] [ ]
| Property Agreements/Required Permits  |[ ] [ ]  Program Rules (Approved by the Department of Human Services) |[ ] [ ]
| Signed Certification of Fiscal Controls (TCP 298 Form)  |[ ] [ ]  Scope of Work |[ ] [ ]
| Drug Free Workplace Policy |[ ] [ ]  Program Job Descriptions |[ ] [ ]
| Verification of Formerly Homeless Board Member |[ ] [ ]  Fire Safety Inspection (DC F&EMS inspections only) |[ ] [ ]
| Board of Director President and Executive Director Signature Verification Sheet |[ ] [ ]  Staffing List of Safety Sensitive Positions (TCP Form 906) |[ ] [ ]
| Signed Audit Request Form (TCP Form 297) |[ ] [ ]  Evidence of Coordination and Collaborative Agreements |[ ] [ ]
| Completed Previous Fiscal Year Audit |[ ] [ ]  Confidential File Management Procedures |[ ] [ ]
| Blank Assessment/Screening Forms |[ ] [ ]  Personnel Protected Information Certification Forms for ALL staff charged to the contract (TCP Form 909) |[ ] [ ]
| First Source Agreement |[ ] [ ]  Program Information Sheet (TCP Form 904) |[ ] [ ]
| Certificate of Good Standing |[ ] [ ]  Certified Food Handlers Form (**Applicable to only sites that receive and distribute meals to clients).** |[ ] [ ]
| Lead Based Paint Disclosure Form  |[ ] [ ]   |  |  |
| Business License  |[ ] [ ]   |  |  |
| Certificate of Occupancy |[ ] [ ]   |  |  |
| Continuance of Operations Plan (COOP)/ Emergency Preparedness Plan  |[ ] [ ]   |  |  |
| Elevator Operation Cert. |[ ] [ ]   |  |  |
| Language Access Act Compliance: Bilingual Staff Log  |[ ] [ ]   |  |  |

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### Deliverable Exemption

**Use the table below to note deliverables your contract is exempt from submitting and the reason for exemption. If additional lines are needed, submit on a separate document signed by the staff submitting the deliverables. Please be advised that TCP’s Deliverable Exemption Form will need to be completed and submitted for each deliverable exemption.**

 **\*Please note that a separate Deliverable Exemption Form is needed for each deliverable exemption. TCP will not accept a Deliverable Exemption Form that includes multiple deliverable exemptions.**

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| Deliverable (Document Title) |  Reason for Exemption |
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### Acknowledgment

**By signing this form, you acknowledge the submission of TCP required contract deliverables. All deliverables must be reviewed and deemed acceptable before payment on any submitted invoices can be made.**

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| **Preparer Signature** | **Date** |

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| **Executive Director Signature** | **Date** |
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| **TCP Staff Only**  |
| **Resubmission Required: Yes** [ ]  **No** [ ]  **If Yes, Date of Resubmission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **TCP Staff Signature** | **Date** |