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|  | The Community Partnership for the Prevention of Homelessness Contract Deliverable Submission Form  **HUD 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 –SHP (TCP Form 315) |  |  | | 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 |  |  | | 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) |  |  | | Certificate of Good Standing |  |  | Program Information Sheet (TCP Form 904) |  |  | | Lead Based Paint Disclosure Form |  |  | Certified Food Handlers Form (**Applicable to only sites that receive and distribute meals to clients).** |  |  | | Business License |  |  | Updated HQS Inspection Reports for the units of all program participants (**applicable to only scattered site units and site-based programs in which TCP pays leasing/rental dollars).** |  |  | | Certificate of Occupancy |  |  | Updated Client Roster **applicable to only scattered site units and site-based programs in which TCP pays leasing/rental dollars).** |  |  | | 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** |

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

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