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|  | The Community Partnership for the Prevention of Homelessness Contract Deliverable Submission Form**Meal Service 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:  |  |  |  |

### Contract Deliverables

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Master Deliverables | Provider Submitted | TCP Reviewed | Tier 1 Deliverables | Provider Submitted | TCP Reviewed |
| Agency Organization Chart |[ ] [ ]  Signed Contract |[ ] [ ]
| Employee Handbook/Policy Procedures  |[ ] [ ]  Initial Budget (TCP Form 327) |[ ] [ ]
| Insurance Certificate  |[ ] [ ]  Budget Narrative (TCP Form 328) |[ ] [ ]
| Signed Certification of Fiscal Controls (TCP Form 298) |[ ] [ ]  Staffing List (TCP Form 905) |[ ] [ ]
| Drug-Free Workplace Policy |[ ] [ ]  Pay Roll Calendar/Schedule |[ ] [ ]
| Signature Verification Sheet |[ ] [ ]  Contract Compliance Plan |[ ] [ ]
| Signed Audit Request Form (TCP Form 297) |[ ] [ ]  Scope of Work |[ ] [ ]
| Program Staff Information Form (TCP Form 904) |[ ] [ ]   Program Job Descriptions  |[ ] [ ]
| Completed Previous Fiscal Year Audit |[ ] [ ]  Personnel Protected Information Certification (TCP 909 Form) (Needed for each employee listed on the Staffing List) |[ ] [ ]
| First Source Agreement |[ ] [ ]  Food Safety Training Certificates (Needed for each employee included on the Staffing List) |[ ] [ ]
| Certificate of Good Standing |[ ] [ ]   |  |  |
| Business License |[ ] [ ]   |  |  |
| ACH Enrollment Change Form |[ ] [ ]   |  |  |

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### Deliverable Exemption

**Use the table below to note deliverables your contract is expect 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**  |
| **Comments:** |
| **Resubmission Required: Yes** [ ]  **No** [ ]  **If Yes, Date of Resubmission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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