

	A	B	C	D	E
1	<b>CONTRACT CHECKLIST for Providers</b>				<b>Contract Development &amp; Technical Assistance (CDTA)</b>
2	<b>Contractor Name:</b>				
3					
4	Please use this Checklist to quality-check your work before submitting your Appendix A Narrative and Appendix B Budget to your CDTA Program Manager. By properly utilizing this helpful tool, you will eliminate common errors, which may result in quicker processing. If the item listed does not apply to you, then skip. As you go through the documents and confirm that each related item has been addressed, click in the cell and type a <b>✓</b> mark. You may also simply print the Checklist out and work from your copy. As always, please feel free to call your CDTA Program Manager if you have any questions. Thank You!				
5	<b>Provider ✓</b>	<b>Description of Items to Check</b>			
6		<b>General</b>			
7		All Info in the contract documents <u>must</u> match: funding amounts, total contract amounts for multi-year contracts, dates, Units of Service (UOS), and Unduplicated Client (UDC) counts.			
8		Contract/Budget documents reflect the Funding Notification dollar amount and fiscal year/term(s) and contain the proper CID#.			
9		Spelling and grammar are correct. Services are described in the present tense. All type is black ink and 12-point font.			
10		Pagination is correct and document pages print out appropriately (please confirm via "Print Preview" and "Page Break Preview").			
11		There is one-inch margins on all sides of each page of the Appendix A Narrative.			
12		All examples, instructions, and prompts (i.e., budget examples and formula) have been removed from your documents before submission.			
13		Contract documents are not "password protected" nor "read only." There are no hidden columns, workbooks, or formula within cells.			
14		Contracts that contain subcontractor/consultant expenses are expected to submit all copies of the subcontractor/consultant agreement(s) (signed and dated) at the same time the Appendices A and B are submitted to DPH for processing/certification. DPH will not begin the certification process until all documents are received. See policy at <a href="https://www.sf.gov/cdta">https://www.sf.gov/cdta</a>			
15		A full contract submission includes Appendices A and B with Subcontractor/Consultant Agreements (if applicable).			
16		<b>Appendix A - Narrative</b>			
17		Unless otherwise instructed by DPH, Appendix A is in the correct and most current format, and adheres to the latest instructions.			
18		Appendix A contains all required language per System of Care.			
19		Goal and Target Population are briefly and accurately described and follow the guidelines described in the instructions.			
20		Where applicable, Objectives and Measurements/Evaluations are adequately addressed per DPH System of Care.			
21		Services are described clearly, consistently, and concisely throughout the Narrative.			
22		Address(es) are correct throughout.			
23		Per Modalities/Interventions: Units of Service (UOS) formulas are accurate, calculate correctly, and adhere to DPH System of Care instructions.			
24		<b>Appendix B - Budget</b>			
25		Unless otherwise instructed by DPH, Appendix B is in the correct and most current format, and adheres to the latest instructions.			

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5	Provider ✓	<b>Description of Items to Check</b>			
26		When preparing the new funding year's budget, use the last certified Budget. If you need the excel copy, ask your CDTA PM.			
27		Budget document is in excel, and is not "password protected" and not "read only." There are no hidden columns, rows, workbooks, or formula within the cells.			
28		Funding term - including multi-years - and funding sources are properly identified and match Funding Notification.			
29		Where applicable, the funding source's Index Code/Project Detail/CFDA# must match the Funding Notification			
30		If program gets MediCal, the budget shows the properly calculated matching funds.			
31		Total expenditures are equal to total stated revenue.			
32		Budget Page shows accurate total Units of Service and properly negotiated Cost per Unit.			
33		Rounding errors are checked and corrected. Unless otherwise instructed, whole numbers are used throughout. Cost per Unit values are calculated "to the penny."			
34		The person (and phone number) of who prepared the Budget is indicated on the Summary Page.			
35		Direct operating expenditures are identified, i.e., Salaries and Benefits, Materials/Supplies, Rent, etc.			
36		Direct salaries are identified, i.e., job titles and Full-Time Equivalent (FTE). Unless previously negotiated, Indirect Staff (such as Executive Director, Receptionist, HR Director) are not included on the Salaries and Benefits detail page.			
37		Fringe Benefit Percentage is not over the Funding Source Requirement (note: if Fringe is over this rate, a signed Fringe Rate Approval form is in place - see Fringe Change Policy and Procedure).			
38		If program has Subcontractor/Consultant expenses, these formula elements are required: Provider Name, Service Detail w/Dates, Reimbursement Rate, and Subcontract Total. See Contractual Services Invoice Procedures Manual for more information. Note: Invoices will not be paid if required elements are missing.			
39		The vendor's name and maximum reimbursement amount in the subcontractor agreement MUST match with the Appendix B, such as hourly rate, number of hours, etc.			
40		Indirect Costs: Salaries and Operating expenditures line items are identified, i.e., classification and FTE, Materials/Supplies, Administration Subcontractors, etc.			
41		Indirect Percentage is not over the Funding Source Requirement (note: if Indirect is over this rate, a signed Indirect Change Approval form is in place - see Indirect Change Policy and Procedure).			
42		To take full advantage of excel, you may link the cells containing the various totals throughout the document as long as these linked cells do not generate rounding errors or other hard-to-find mistakes.			
43		The Grand Totals match throughout the budget.			
44		<b>Behavioral Health Services (BHS) - Mental Health (MH), Substance Use Disorder (SUD), Transitional Aged Youth (TAY), Mental Health Services Act (MHSA)</b>			
45		Legal Entity; Provider and Program Names/Codes/Modes; and Service Function Codes (SFCs) are accurately identified and consistent throughout Appendix A & Appendix B.			
46		Where applicable, the Unit of Service (UOS) Published Rate, DPH Rate, and Contract Rate are correct on CRDC Page.			
47		Where applicable, the CRDC indicates total budgeted UOS per Service Function code (SFC) and has the appropriate Unit Type.			
48		Where applicable, per SFC, the Cost per UOS and/or the Number of Units to be provided are at the negotiated totals.			

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5	Provider ✓	<b>Description of Items to Check</b>			
49		BHS required objectives one-sentence language included. -->			
50		(AOA): "All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FYxx-yy." (CYF): "All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS CYF Performance Objectives FYxx-yy." (TAY): "All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS TAY Performance Objectives FYxx-yy." (MHSA): "All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS MHSA Performance Objectives FYxx-yy."			
51	<b>Primary Care - HIV Health Services (HHS) &amp; Community Oriented Primary Care (COPC)</b>				
52		Unit of Service (UOS) formula includes a minimum 65% Level of Effort (LOE)			
53		Cost per UOS is at or below approved rate.			
54		HHS Service Definitions, UOS Allocations, and Cost Caps refer to and follow the latest guideline.			
55		HHS required objectives one-sentence language included. --> (see row below)			
56		"All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled Ambulatory Care-Primary Care (HHS) Performance Objectives FYxx-yy."			
57		COPC Objectives are included in the Appendix A Narrative.			
58		Required HHS language included in the Appendix A. See Appendix A Instructions.			
59	<b>Community Health Equity &amp; Promotion--HIV Prevention Section</b>				
60		UOS and/or NOC (number of contacts) are clear for each intervention.			
61		Per Appendix A Instructions, Required HPS "Goal" language is included in the Appendix A			
62		Per Appendix A Instructions, Required HPS "Methodology" language is included in the Appendix A			
63		Per Appendix A Instructions and if applicable, HPS Required Objectives and Individualized Objectives are included in the Appendix A.			
64		Per Appendix A Instructions, Required HPS "Continuous Quality Improvement (CQI)" language is included in the Appendix A			
65	5/1/2019 - Corn on the Cob				