



The Community Partnership
For The Prevention
of Homelessness

FY2009 TCP Contract Deliverables

| MASTER CONTRACT DELIVERABLES: | |
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| Renewing Contracts will <u>NOT</u> need to submit these items as we have them on file already. | |
| New Contractors will need to submit these items within 30 days of contract receipt. | |
| DELIVERABLE | <u>DESCRIPTION</u> |
| Agency Organizational Chart | Chart of agency's administrative organizational structure. <i>(See Section I, Article III, 3 of the FY09 contract)</i> |
| Organization's Annual Report <i>(If applicable)</i> | Copy of the organization's most recent Annual Report. <i>(See Section I, Article VIII, 3 of the FY09 contract)</i> |
| Required Permit(s) | Copies of agency's 501c3 or IRS letter, business license(s) (all programs), Certificate of Good Standing for the agency and Certificates of Occupancy (for non-District owned facilities only) <i>(See Section I, Article IV, A of the FY09 Contract)</i> |
| Signed Certification of Agency's Fiscal Controls | Evidence of agency fiscal controls. Copy of the Partnership's signed Certification of Agency's Fiscal Controls Form (TCP form 298) <i>See Section I, Article VIII, 3 of the FY09 contract)</i> |
| Drug –Free Workplace Policy | Copy of Agency's Drug-Free Workplace Policy and Procedures. <i>(See Section I, Article XIV of the FY09 contract)</i> |
| First Source Agreement | Only applicable to DHS Funded Programs receiving over \$100,000 annually. |
| Formerly Homeless Board or Advisory Member | Written certification of homeless or former program participant representation on board of directors or and advisory council. <i>(See Section I, Article I, 2 of the FY09 contract)</i> |
| Signed Audit Information Request Form | Return signed copy of the Audit Information Request Form. (Attachment K) <i>(See Section I, Article VIII, 4 of the FY09 contract)</i> |
| Emergency Preparedness Plan | A copy of the Emergency Preparedness plans for the agency/program. |

TIER 1 CONTRACT DELIVERABLES: (For each Program)

Return to the Partnership within 10 business days of contract receipt. These items must be received and approved prior to payment of initial invoices.

| | <u>DELIVERABLE</u> | <u>DESCRIPTION</u> |
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| | Two Signed Page 1(s) of FY09 Contract | Sign and date two originals of contract page 1. <i>(See Section I, Article I of the FY09 contract)</i> |
| | Proposed FY09 Program Budget | Initial proposed program budget. Submit using TCP Form 326. Budget may not exceed total FY09 contract amount. Please see FY09 Accounting Guidelines. <i>(See Section I, Article X, 1 of the FY09 contract)</i> |
| | Budget Narrative | Supporting narrative for initial proposed budget. Should include line item totals and a short narrative for each line item. |
| | Staffing List | Completed TCP Form 905 |
| | Required Insurance Certificate(s) | Copy of agency's Insurance Summary Certificate page(s) as evidence of required insurance coverage. *The Community Partnership must be indemnified on all submitted policies. <i>(See Section I, Article XII, 1-8 of the FY09 contract)</i> |
| | Additional Program Rules | A draft of proposed program rules must be submitted to TCP for annual review by DHS. |

| TIER 2 CONTRACT DELIVERABLES: | |
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| Return to the Partnership within 30 days of contract receipt | |
| Annual Performance Plan | Completed FY09 Annual Performance Plan. <i>(See Section I, Article II, A1 of the FY09 contract)</i> |
| Scope of Work | Written narrative of the program's scope of services for the FY09 contract year. <i>(See Section I, Article II, B of the FY09 contract)</i> |
| Program Job Descriptions | Include list of duties, position title and specify if full-time or part-time position funded through the TCP contract. <i>(See Section I, Article X, 1 of the FY09 contract)</i> |
| Property Agreements | Copies of any lease agreement(s) or deed(s) for all properties/sites covered under the FY09 contract. <i>(See Section I, Article IV, E of the FY09 contract)</i> |
| List of Safety Sensitive Positions and Result of Substance Abuse Screening and Criminal Background Checks for Safety Sensitive Employees * For Family and Youth serving programs only* | List and results due to the Partnership within 30 days of contract receipt. |
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