**Applicant:**

**Program:**

This optional form is to help you complete your Contract Extension application packet before submission. Please do not submit this form with your proposal. A complete application will consist of the following:

1. **Letter of Submittal (only submit one original with the following)**

* Letter of Submittal
* Certifications and Assurances
* Certification Regarding Lobbying
* Certification Regarding Drug-Free Workplace Requirements
* Certification Regarding Debarment
* General Terms and Conditions
* Intent to Subcontract (does not include use of vendors)
* Agency Professional Insurance Coverage (Include titles of persons bonded, if any)

1. **Technical Proposal**

* Program Staffing Form (Excel) – TA-4.1
* Key Program Personnel Form (Excel) – TA-4.2
* Quantitative Objective Form (Excel) – TA-5
* Proposed Subcontract Document, if applicable (does not include use of vendors)
* Special Conditions of Award
* Coordination Agreements/Activities, if applicable

1. **Budget Proposal**

* Revenue and Expenditures (Excel) – BP-1
* Revenue and Expenditures Narrative (Excel) – BP-2 and BP-3
* Indirect Cost Plan, if applicable

1. **Optional Contents (only if there are changes between 2023 and 2024)**

|  |  |
| --- | --- |
| Program | Administration |
| * Plans for Service Delivery * Service Delivery Schedules, Facilities, or Routes * Service Area * Administrative Office Location * Publicity * Outreach/Targeting * Eligibility Determination * Resource Development * Internal Record System * Volunteer Utilization * Client Confidentiality * Quality Assurance * Client Grievance Procedures * Plans for Serving Residents of Long Term Care Facilities * Qualitative Service Objectives | * Mission or Purpose of Organization * Organizations’ Qualifications to Operate Program * Agency Organizational Chart * Business Qualifications * Nondiscrimination Policy(s) for Employment and Services * Staff Job Descriptions, Individual and Program Training Plans * Personnel Policies * Employee Grievance Procedures * Compliance Documentation - Americans with Disabilities Act (ADA) * Compliance Documentation - Drug Free Workplace Act of 1998 * Insurance/Bonding * Prohibition Against National Origin Discrimination Affecting Limited English Proficient (LEP) Persons |

1. **Electronic Version**

* Sent by email to Erin.Williams@dshs.wa.gov