**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