



DCYF Regional Contract Request

To be completed by the STAFF requesting services.

Important note to regional staff requesting services: Most standard contracts can take 4 – 6 weeks

- Do not authorize services until you have been notified by the Contract Manager that an executed contract is in place.
- Contact the Regional Contracts Manager to learn the status of this request.

1. Staff requesting the proposed contract			
REQUESTOR'S NAME	TITLE		
OFFICE	PHONE NUMBER (WITH AREA CODE)	EMAIL	
ASSIGNED CASE WORKER'S NAME, IF DIFFERENT	PHONE NUMBER (WITH AREA CODE)	EMAIL	
REQUESTOR'S SIGNATURE	DATE		
2. Services requested			
TEMPLATE (SELECT TEMPLATE TYPE FROM DROP DOWN BOX) Choose one.	PROPOSED START DATE	PROPOSED END DATE	
COMBINED IN-HOME SERVICES REQUESTED AND/OR CUSTOM SERVICES; LIST IN-HOME SERVICES OR DESCRIBE CUSTOM SERVICES:			
Have services already been provided? <input type="checkbox"/> No <input type="checkbox"/> Yes; if yes, attach completed After-the-Fact Contract Justification (DCYF form 15-472). If yes, please explain:			
3. Child Specific Placement Only. Please complete all applicable boxes.			
CHILD'S FAMLINK ID NUMBER	CHILD'S NAME	PROPOSED PLACEMENT DATE	MONTHLY RATE
SUPERVISOR RATIO (STAFF TO CHILD) AND NUMBER OF HOURS / 24-HOUR / DAY		<input type="checkbox"/> In-Home Service <input type="checkbox"/> Out-of-Home Service <input type="checkbox"/> Out-of-State Service	
4. For New Contracts			
Please explain why you are requesting this provider for this services. Explain why you are not using a current Contractor:			
5. Contractor Information			
NAME OF PROVIDER OR BUSINESS			
CONTACT PERSON'S NAME	TITLE		
PHONE NUMBER (WITH AREA CODE)	FAX NUMBER (WITH AREA CODE)	VENDOR	
ADDRESS	CITY	STATE	ZIP CODE
IF DIFFERENT, WHO HANDLES PROVIDER'S CONTRACT ISSUES?		PHONE NUMBER (WITH AREA CODE)	

6. Accounting Information

Complete the Account Coding below if this request is for a Custom contract OR new service. **Not required for current template contracts:**

FUND	APPN	PROGRAM	SOBJ	SSOBJ	ORG	ALLOC	PROJECT	SPROJ	PROJPH	AMOUNT

Complete below for **ALL** contracts that involve any type of funding:

MAXIMUM CONSIDERATION \$	STATE FUNDS \$	FEDERAL FUNDS \$ CFDA NO.	LOCAL FUNDS \$	OTHER FUNDS \$
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No Federal Funds involved If Federal Funds involved, Contractor is: Vendor Sub-recipient

7. Regional Approvals

SUPERVISOR'S APPROVAL	SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	
COMMENTS (IF DENIED, COMMENTS REQUIRED):		
AREA ADMINISTRATOR'S APPROVAL	SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	
COMMENTS (IF DENIED, COMMENTS REQUIRED):		
REGIONAL PROGRAM MANAGER'S APPROVAL	SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	
COMMENTS (IF DENIED, COMMENTS REQUIRED):		
REGIONAL OPERATIONS MANAGER'S APPROVAL	SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	
COMMENTS (IF DENIED, COMMENTS REQUIRED):		
REGIONAL ADMINISTRATOR OR DESIGNEE'S APPROVAL	SIGNATURE	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____	
COMMENTS (IF DENIED, COMMENTS REQUIRED):		