

Name of Agency: _____

Name of Person to Contact with Questions: _____

CHECKLIST OF ITEMS TO RETURN

Please return this checklist with the completed items listed below by September 10, 2015, to ensure that our agency receives all needed elements to continue our budget process. If we do not receive **ALL of the required items**, we will not be able to proceed with the contracting process until all items are received. Please feel free to contact Chris Sander at csander@lacrossecounty.org or (608)785-5511 with any questions.

_____ **Vendor Data Sheet** – ALL providers **are required** to complete this sheet and return it, even if you are accepting 2015 rates.

_____ **Program Narrative** (up to 3 pages long for each program) – ALL providers **are required** to complete this for each program contracted, even if you are accepting 2015 rates.

_____ **Budget Request Form** – This **is required** to be filled out for each service listed on the “2016 Budget Packet Estimates” spreadsheet(s) enclosed, unless you agreeing to the 2015 rate(s). If you are agreeing to 2015 rates, please sign the spreadsheet and return it.

_____ **CBRF Checklist** – This is included in this packet if you are an agency that we contract with for Community Based Residential Facility (CBRF) Services.

_____ **Room and Board Worksheet** – This is included in this packet if you are a crisis stabilization facility or a facility funded by Community Recovery Services (CRS).