CA / RCM Contract Request / Approval

1. **RCM MAKING REQUEST**
   - **DATE**

2. **CONTRACTOR NAME**
   - **CONTRACT NUMBER**
   - **PROGRAM NUMBER**

   Multiple contracts?
   Attach list with Contractor names and contract numbers.

3. **CONTRACT INFORMATION**
   - Urgent
   - New Contract
   - Amendment
   - Renewal

4. **CONTRACT TYPE**
   - Client Service
   - Personal Service
   - Interlocal
   - Purchased Service
   - Other:

5. **INVOICE TYPE**
   - A-19
   - SSPS

6. **PAYMENT TYPE**
   - Max Consideration
   - Fee for Service

7. **Contract Period:**
   - Amendment Period:

8. **PROCUREMENT TYPE**
   - None
   - Competitive
   - Sole Source
   - Procurement Number:

9. **REQUIRED BY STATUTE**
   - N/a
   - Yes; attach

10. **COST BENEFIT ANALYSIS COMPLETED**
   - N/a
   - Yes

11. **SERVICES NEEDED; SELECT ONE OF THE FOLLOWING:**
   - Template. Select template type from drop down box: **Choose a Template**
   - Custom Services. Brief description:

12. **Account Coding for new contracts and amendments if additional funding is authorized**

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<thead>
<tr>
<th>FUND</th>
<th>APPN</th>
<th>PRG</th>
<th>SOBJ</th>
<th>SSOBJ</th>
<th>ORG</th>
<th>ALLOC</th>
<th>PROJECT</th>
<th>SPROJ</th>
<th>PROJPH</th>
<th>AMOUNT</th>
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<th>MAXIMUM CONSIDERATION $</th>
<th>STATE FUNDS $</th>
<th>FEDERAL FUNDS $</th>
<th>LOCAL FUNDS $</th>
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13. **RCM Approval**
   - RCM approval: Yes
   - No
   - RCM SIGNATURE
   - DATE
   - Funds available: Yes
   - No
   - New FamLink Code Needed: Yes
   - No
   - New FamLink Code Needed: Yes
   - No

14. **Headquarter Approvals**
   - Fiscal Manager’s initials: and date:
     - Approved
     - Denied

15. **Contractor Forms Received, as applicable**
   - Contractor Intake form OR Contractor Update form
   - Intake requested license and business documentation
   - Background Checks
   - Contract Application and materials
   - W-9
   - Certificate of Insurance