



CA / RCM Contract Request / Approval

This form to be completed by the RCM.

HEADQUARTER'S (HQ) APPROVAL PAGE	
DATE RECEIVED: _____	
HQ REVIEW	
Recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTRACT MANAGER	DATE
PROGRAM MANAGER	DATE
RCM NOTIFIED OF DECISION: on _____ by _____	

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 _____

10. COST BENEFIT ANALYSIS COMPLETED
 N/a Yes; attach

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

FUND	APPN	PRG	SOBJ	SSOBJ	ORG	ALLOC	PROJECT	SPROJ	PROJPH	AMOUNT
MAXIMUM CONSIDERATION			STATE FUNDS		FEDERAL FUNDS			LOCAL FUNDS		OTHER FUNDS
\$			\$		\$			\$		\$
					CFDA NO. _____					

No Federal Funds involved **If Federal Funds involved, Contractor is:** **Vendor** **Sub-recipient**

13. RCM Approval

RCM approval: Yes No RCM SIGNATURE _____ DATE _____
 Funds available: Yes No
 New FamLink Code Needed: Yes No

14. Headquarter Approvals **Fiscal Manager's initials:** _____ **and date:** _____

Approved Denied FPED OFFICE CHIEF'S SIGNATURE _____ DATE _____

Approved Denied FPED DIRECTOR'S SIGNATURE _____ DATE _____

Approved Denied DEPUTY ASSISTANT SECRETARY'S SIGNATURE _____ DATE _____

14. 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