

**Member Item Contract
Cover Page
(For Awards \$50,000 and Over)**

- ___ **Annual/Final Report** from prior completed award received and approved.
- ___ **CFR, Cost Cert or Audit Submitted** for prior award (over \$50,000).
- ___ **Company is in compliance** with other DHCR programs.
- ___ **If company is/was in default**, has default been cured or group placed on hold.
- ___ **For first time awardees** refer to program manual for requirements and indicate they have been satisfied.

Please submit the Member Item Documents in the order indicated below. Do not include any other materials.

1. _____ Master Contract Form (must include contract number).
2. _____ Contract Face Page (properly complete, be sure to include contract number, the 6 digit Charities Registration Number and fill in **“OTHER”** Appendix A2 Boundaries).
3. _____ Contract Signature page (properly completed, including contract number).
4. _____ State of New York Agreement
5. _____ Appendix A (include only pages 1, 2, and 3).
6. _____ Vendor Responsibility Form (must be completed by company).
7. _____ Appendix A1
8. _____ Appendix A1A (Additional Contract Language).
9. _____ Appendix A2
10. _____ Appendix B
11. _____ Appendix C
12. _____ Appendix D
13. _____ Award Letter
14. _____ Certification Appendix for awards \$50,000 and above.
15. _____ Appendix X (do not complete unless it is an amendment).
16. _____ Board Resolution (check for proper authorization).
17. _____ Legislative Initiative
18. _____ Disbursement Request Form (properly completed).
19. _____ Standard Voucher (make sure the description of materials/services is properly completed under number 6).

Regional Representative

Date

Regional Director/CSB Coordinator

Date