**WAUKESHA COUNTY DEPARTMENT OF HUMAN SERVICES**

**CONTRACT CHECKLIST**

Dear Provider:

Enclosed please find your contract and attachments. The Waukesha County Health & Human Services Department contract/agreement requires that certain items be returned to us. **PLEASE SUBMIT ALL ITEMS BELOW WHEN APPLICABLE TO YOUR AGENCY:**

 1. One signed copy of the Purchase of Services Agreement (ALL PROVIDERS).

 2. One signed copy of EACH Program Description (ALL PROVIDERS).

 3. Attachment 4 Rate Setting form when requested (5 bed or larger CBRF, RCAC, or 3-4 bed AFH)

 4. Appendix J Rate Setting form when requested (only if you are a 1-2 bed AFH)

 5. Photocopy of your License or Certificate (only if you provide a licensed/certified service).

 6. Current Certificate of Insurance. (See detailed requirements in the Purchase of Services Agreement)

 7. Civil Rights Letter of Assurance (LOA) is required for ALL vendors. (see link in section 10A in your Purchase of Services Agreement).

 8. Civil Rights Compliance Plan **when requested only**. (see link in section 10A in your Purchase of Services Agreement for Plan requirements).

 **CERTIFIED FINANCIAL AUDIT REQUIREMENTS:**

~If you receive more than $100,000 annually from Waukesha County, you may be required to submit an independent audit report to us. This report would be due within 180 days of the end of the reporting year. See section titled Certified Financial Audit Requirements in your Purchase of Services Agreement for more information.

~If you require an extension to the deadline for submission of your audit, an extension request must be received in writing and approved by Waukesha County within 180 days of the end of the reporting year. Requests received after this date may be denied, and your payments may be held until the audit report is received.

~If you would like to request a waiver of the audit requirement please contact Alex Klosterman at 262-548-7728 or by email at aklosterman@waukeshacounty.gov. **Waiver requests must be received prior to execution of your 2019 Purchase of Services Agreement.**

Any final billings or adjustments to billings for the 2019 contract year must be submitted by January 17, 2020. No billings for 2019 will be accepted after this date. **Failure to obtain billing for services by this date will negate any payment terms.**

Please sign the CONTRACT and the Program Description(s) and mail one set to me at my address below, as well as other items checked above whenever appropriate. Please keep one set for your records. **No payments will be made for the 2019 contract year until these requirements have been met. Payment may be held or services may be discontinued if these items are not received in a timely manner.**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL OR CONTACT:

# JENNIFER M CARRIVEAU, SENIOR FINANCIAL ANALYST

# TELEPHONE NUMBER: (262) 548‑7219 FAX: (262) 970-6696 EMAIL: jcarriveau@waukeshacounty.gov

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