FY 2003
Request for Funds (RFF)
CCDF Voucher Agent Application

March 2002

FY03 CCDF Request for Funds
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Child Care and Development Fund
RFF Overview and Information

Purpose:

Funding is received by the State of Indiana from the Federal Child Care and Development Fund (CCDF) Block Grant (42 U.S.C., 9858e et seq and CFR Parts 98 and 99, as amended in July 1998) to provide subsidies for child care to eligible low income families who are working or in a training or educational program. The purpose of this RFF is to select an entity to serve initially as the CCDF Voucher Agent and transitioning to Intake Agent in each county (except Marion). Voucher/Intake Agents will work closely with the County Offices of Family and Children to assist families to move from welfare to work.

Eligible Applicants must:

- Be registered with the Secretary of State
- Be in good standing with the State of Indiana and Family and Social Services Administration
- Assure that program services are accessible to families
- Be able to accommodate culturally diverse populations, including families with language barriers and persons with disabilities
- Not be a Step Ahead Council or other local planning council
- Not function as the Central Reimbursement Office (CRO) for CCDF
- Have internal controls and supervision in place to review and monitor eligibility determination functions and contract compliance
- Have a customer service delivery system that supports the Division of Family and Children's mission and values
- Have experience with electronic data systems and demonstrated ability to meet and maintain timely input for automated database
- Have exhibited commitment to collaborate and coordinate with local child care system partnerships in order to meet community needs
- Have an independent audit, if required by federal guidelines
- Have the ability to provide general liability insurance unless an entity of state, county, or municipal government
- Have the ability to begin contract responsibilities effective 10/1/02 as Voucher Agent, and with 30 days notice, assist with the conversion of files and data, and following conversion begin responsibilities as Intake Agent in the county.
- Follow all established CCDF policy and procedures and meet all contractual obligations in the management of the program.

Program Responsibilities:

The CCDF program provides assistance for low-income families who are employed or enrolled in an educational or training program. Voucher/Intake Agents are contracted to administer the CCDF funds in each county in accordance with applicable federal and state procedures and eligibility requirements. Duties effective 10/1/02 include, but are not limited to, intake of applications, eligibility determination, enrollment of child care providers, disbursement of payments for

subsidized child care, daily input of data, and maintenance of program database. Extensive reporting of data and compliance with program regulations and policy are required.
Duties will change and become segregated as transition to the new business structure occurs in each county. Disbursement of payments for subsidized child care will transition to a new Central Reimbursement Office (CRO). The voucher agent will continue in a new role as the Family Intake/Management Site. Assistance with the conversion of files and data into the new software database will be required. The voucher agent will have 30-days notice prior to local transition activities and a period of time to test and run parallel with the CRO. A tentative county roll out schedule will be provided at a later date. A list of tasks required for intake and family file maintenance under the new business structure is included in the RFF packet as well as technical requirements for the automated Intake system.

Certification of Intake Staff:

All staff at the Family Intake/Management Site will be required to attend state-sponsored training on CCDF Program Policies and the Automated Intake System prior to transition. Supervisory staff at the Family Intake/Management Site will be responsible to assure that proper procedures are followed. Manuals and training materials will be provided and trainers will be used during the initial roll out of the new system.

Funds Available:

The CCDF funding levels for FY03 are uncertain at this time. It is anticipated that available funds will be less than in FY02, however, final county allocations are not available at this time. This information will be shared as soon as available. A projected FY03 county allocation chart based on FY02 funding is included in the RFF packet. Numbers of children and families currently enrolled by county are also included on the chart. Applicants are advised to use this projected information for planning and budgeting purposes until final budget figures are known. County quality disbursements will not be a part of the FY03 Voucher/Intake duties.

Payment for Services:

A program support budget based on projected funding must be submitted with the RFF for the contract period of 10/1/02 through 9/30/03. After final budget figures are known, a revised budget will be required. Program support payments may not exceed 8% of direct service payments in any month. Capital expenditures or any other non-consumable expenses over $100 must have written consent of the State.

After the effective date of the local transition to a Family Intake/Management Site, only the defined intake and family file maintenance tasks will be required. With the exception of School Age Care (SACC) payments, the voucher agent will no longer make direct service payments. Reimbursement for costs associated with the SACC payments shall be allowed not to exceed 8% program support of the amount paid per month.

The Family Intake/Management Site will be paid for intake activities at the minimum rate of $11 per active family case file per month. The number of active family case files shall be determined through the automated intake system at the end of each month following the effective transition date. The $11 rate is to be re-examined by the State subsequent to the completion of the most recent cost study.

RFF Timelines and Process:

The RFF information must be completed in full and submitted with required attachments by April 15,2002. If postmarked after that date, the application will not be considered. If you are interested in providing services to multiple counties, individual county applications are required.

The original RFF and one copy should be sent to:

MS-02
Bureau of Child Development
Voucher Agent Proposal Packet
Attn: Eleanor Jones
402 W. Washington St. Room W-386
Indianapolis, IN 46204

In addition**,** three copies of your proposal should be sent to the Director of the Office of Family and Children located in the county that you are proposing to serve. In the event that there is more than one applicant submitting an RFF for a county, the local OFC Director, with assistance from the BCD county educare consultant, will conduct a local review process to determine whom could best serve the county.

The following timelines have been established for the RFF process:

3/04/02	Public Announcement (actual date published may vary per newspaper)
3/20/02	Bidders Conference – Marten House, 2 – 4 PM, Indianapolis
4/15/02	RFF application due (postmark effective date)
4/15/02	Begin local review of RFF Applications
4/30/02	RFF Recommendation from local OFC Director/Educare consultant to BCD
5/6/02	BCD selection approval and contract development

The contract will be effective October 1, 2002 through September 30, 2003. If you have any questions regarding the RFF, please contact your county educare consultant in the Bureau of Child Development (BCD) at (800) 441-7837.

Program Narrative Outline

Please provide the following information for your proposed county management of the program:

BUSINESS CAPABILITY

1. Please give a brief history of your agency's past experience and knowledge with the CCDF Child Care Voucher Program.

2. If applicable, are you prepared to coordinate program transitioning with the current voucher agent and assume full responsibility for service delivery in this county on 10/1/02? Does your agency currently have the ability to secure appropriate staff, space and equipment to begin the administration of the program? What action steps will be needed to be ready by 10/1/02?

3. Please describe your proposed service delivery design for this county. Will there be co-location of services? Include the address of proposed site(s). Is the site(s) accessible from all areas of the county? Is the site accessible to TANF families referred from the local Office of Family and Children? Describe how the location will be "visible" (advertised) to the families throughout the county.

4. Describe your proposed staffing plan for the county including supervisory responsibility. How will the program be administered in situations such as absences, vacations, and staff vacancies? Attach a copy of your agency organization chart.

5. Describe the internal control and quality assurance procedures that will be used to monitor eligibility determination and contract compliance issues.

6. Describe your experience with electronic data systems and your ability to maintain timely data input and program reporting. How will technical requirements for the automated intake system be met?

7. Please disclose any potential or perceived conflicts of interest and how they will be resolved.

CUSTOMER SERVICE

1. How will customer service be provided, i.e., a direct phone line, policy to return phone calls within 24 hours, quality assurance oversight plan for appropriate service delivery? Please attach copies of your agency Policies and Procedures regarding non-discrimination, confidentiality, and customer service guidelines.

2. How will you evaluate customer satisfaction – including families, providers and local community partners?

3. Describe your plans to accommodate working families i.e. additional or non-traditional hours to allow more convenient access. How long will it take for a family to be able to schedule an intake appointment?

4. How will you accommodate families with communication issues, such as Spanish speaking or hearing impaired? Are proposed service sites handicapped accessible?

Application Requirements

Your application must address the following issues. Please initial each item:

_____Your agency is in good standing with the State of Indiana and the Family and Social Services Administration.

_____ Your agency is not a Step Ahead Council or other local planning council; or is not the Central Reimbursement Office for CCDF.

_____ Your agency has an annual independent audit, if required by federal guidelines.

_____ General liability insurance will be provided unless an entity of State, county or municipal government.

_____ Your agency is willing to collaborate and coordinate with local child care system partnerships in order to meet community needs. A Memorandum of Understanding with the local county CCDF team will be developed.

_____Your service delivery plan will accommodate working parents and be accessible for families throughout the county.

_____You have a plan to conduct interviews for clients who speak Spanish or other languages, or have communication issues.

_____The intake site(s) is handicapped accessible, including restroom facilities.

_____Your agency Policies and Procedures and customer service guidelines are adequate to assure quality customer service.

_____The intake site(s) is listed with street, and city address.

_____There is a dedicated phone line for customer inquiries.

_____Your agency is computer capable and has Internet access along with a phone line and fax machine. Technical requirements for the automated intake system can be met.

_____ Timely data input will be maintained for automated database and reports.

_____ Your agency agrees to assist with the conversion of files and data as transition to the new business structure occurs in the county with a 30 day notice for conversion activities including a test and run parallel period with the CRO.

_____If applicable, your agency is willing to coordinate program transitioning with the current voucher agent and is able to assume full service delivery responsibilities in this county on October 1, 2002. Your action steps to accomplish this are included.

_____ Your agency will follow all established CCDF policy and procedures and meet all contractual obligations in the management of the program.

Certification Statements and Assurances

As a condition of participation for funding through the Child Care and Development Fun d (CCDF), the applicant must make the following assurances. These assurances shall remain in effect throughout the funding period:

We assure that all information included in this application is true and correct.

We assure that we will strictly comply with all federal and state laws regarding confidentiality. Any information concerning applicants or recipients of the Child Care Assistance program will not be disclosed to any person, agency or organization except the Family and Social Services Administration, without the written permission of the Parent, and shall not be used by the Voucher Agent for any other purpose.

We assure that we shall follow all established procedures for assuring the accuracy of information contained in applications and supporting documentation. We shall not submit an application or supporting documents into data entry or family case files when the voucher agent knows or should know that the information is false or misleading.

We assure that all suspected fraud will be reported and we will cooperate with investigations.

We assure that we shall complete all responsibilities in the appeals/complaint policy.

We assure that we will make provisions to accept and process applications from employees of the voucher agent or from their spouses and children to insure accuracy, confidentiality and impartiality.

We assure that we will maintain communication with the Local OFC to facilitate effective processing of applications.

We assure that we will report any changes to the information included in this application to the Bureau of Child Development throughout the funding period.

We assure that all staff involved in the administration of the CCDF program will attend all required state sponsored trainings.

We assure that records will be maintained as directed by the Family and Social Services Administration. Access will be afforded to the State as it finds necessary to assure the correctness and to verify reports and proper distribution of the funds associated with this application. We understand that records are to be kept in accordance with generally accepted accounting principles.

We assure that funds provided through this application will only be used to implement and support the local administration of the CCDF voucher program, and not other programs.

We assure that this agency operates in accordance with the nondiscriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973, as amended; the Age Discrimination Act of 1975; and where applicable, the Omnibus Budget Reconciliation Act of 1983.

We certify that this agency will maintain a drug-free workplace as described in the Drug-Free Workplace Act of 1988 and the Federal regulations promulgated thereunder.

We certify that pursuant to 31 U.S.C., Section 1352, no federally appropriate funds have been paid, or will be paid, by or on behalf of Contractee, to any person for influencing or attempting to influence an officer or employee of a member of Congress, in connection with the awarding of any federal contract, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modifications of any federal contract, grant, loan, or cooperative agreement.

We certify that contract performance standards will be met as specified and that all CCDF policies and procedures will be followed.

_____ _____

Authorized Official of Voucher Agent Date Signed

_____

Legal Name of Organization

CCDF Voucher Agent Program Support Budget Report
County Name_____
Federal Fiscal Year '03 (10/1/02-9/30/03)

_____ _____
Voucher Agent Name Contract Number (If Available)

_____
Address

_____

Personal Services:

Salaries and Benefits $_____

Service Costs:

Postage $_____
Telephone $_____
Printing $_____
Rental $_____
Copying $_____
Travel $_____
Contract Services $_____
Other $_____**(See below)

Supplies:

Stationary & Office Supplies $_____

Equipment:

Office Equipment and Furniture $_____** (See Below)

Indirect Cost: (From Approved Cost Allocation Plan) $_____

Total Program Support Costs: $_____

Any proposed capital expenditures must be included in the Program Support Budget. individual request for purchases. Once the program support budget is approved, only unexpected large expenditures will need approval. Any large equipment purchases such as a printer will need an MOU document establishing that the equipment is state equipment and will revert to the state at the end of the contract period.

Please provide a budget narrative to the line items below.
****Explain all line items in detail: (List staff and their full-time equivalency.)**

Personal Services:

Service Costs:

Equipment: (Itemize any capital expenditure or non-consumable expense over $100)

Indirect Costs: (From Approved Cost Allocation Plan)

Total Program Support Costs:

Family Case File Maintenance

	805 Task	Comments
1	Initial Contact to Schedule Interview	After preliminary application has been completed and Applicant meets eligibility.
2	Special Needs children/Other exceptions cases	Identification and Monitoring of children with Special Needs and or other exception cases
3	Correspondence with Local OFC (TANF)	May receive referral from OFC or partial completed 805 application
4	Maintain Paper File for Parent	Paper file is maintained throughout Intake process
5	805 Application Completion/Appointment	Actual appointment with applicant
6	Verifications of Income, Employment, and Residence	Post Intake appointment tasks including written and oral correspondence with Parents
7	Calculation of Copays, Subsidy, and Overages	The Process of identifying the parent's fiscal responsibility
8	Rights and Obligations plus Parent's Handbook	Actual appointment with applicant
9	Referral to R&R and non-CCDF services	Actual appointment with applicant
10	Compiliation and Forwarding of Parent paper file	The process of collecting all signed documents, filing, organizing, and documenting correspondence
11	Changes in Status Updates	Post Intake-Parents will update local Voucher Agent with changes that affect eligibility
12	Counseling or Processing on Changes of Providers	Changing of providers by clients
13	Correspondence with Parents/Providers	Answering of general intake questions from parent(s) and provider(s) and documenting correspondence
14	Review of Files Daily for Parent(s) Seeking Job(s)	Special circumstances for clients currently job seeking
15	Certification/Re-certification of Families and Providers	Tasks involved with establishing family files and maintaining certified providers and supplying Provider forms
16	Fielding Appeals/Complaints from Parents/Providers	Not specific to any one voucher agent task but periodically needed
17	Maintenance of Phone Log	The process of keeping parent files accurate and organized
18	Waiting List Maintenance	Ensuring client is placed on waiting list if eligible and funds are unavailable
19	Quality Control of Parent Paper File	Ensuring all paperwork and documentation is

		received and in order
20	Assisting State Monitoring Teams	Not specific to any one voucher agent task but periodically needed
21	Regional Intake Training	Training periodically needed
22	Internal Meetings/Supervision Specific to Intake	Meetings, staffing oversight which may be periodically needed
23	General Adminstrative-Intake	Various related copying and faxing to parents and providers during intake process
24	Incomplete applications	Time spent by local intake staff for processing incomplete apllications
25	Items historically reported on program support claims	Intake staff supplies, materials, general accounting, payroll, indirect costs, etc.

No	County	Jan. 2002 Families	Jan. 2002 Children	FY 02 Direct Service	FY 02 SACC	FY 02 Program Support	FY 03 Projected Direct Service	FY 03 Projected Program Support
1	ADAMS	54	88	416,000	10,613	35,045	416,000	33,280
2	ALLEN	1829	3816	14,991,283	65,998	1,208,277	14,991,283	1,199,303
3	BARTHOLOMEW	255	436	1,300,000	14,160	106,615	1,300,000	104,000
4	BENTON	38	70	226,000	4,878	19,111	226,000	18,080
5	BLACKFORD	59	110	257,000	5,496	21,908	257,000	20,560
6	BOONE	25	39	410,000	11,523	34,306	410,000	32,800
7	BROWN	37	75	296,368	4,878	25,162	296,368	23,709
8	CARROL	16	34	119,000	8,829	10,840	119,000	9,520
9	CASS	162	307	755,000	9,883	62,277	755,000	60,400
10	CLARK	302	545	2,393,000	26,851	195,163	2,393,000	191,440
11	CLAY	89	156	526,000	7,945	43,938	526,000	42,080
12	CLINTON	42	81	292,000	16,254	25,118	292,000	23,360
13	CRAWFORD	43	82	260,000	5,569	22,117	260,000	20,800
14	DAVIESS	67	138	545,000	12,622	45,397	545,000	43,600
15	DEARBORN	99	160	772,020	14,287	64,014	772,020	61,762
16	DECATUR	60	105	290,000	8,675	24,736	290,000	23,200
17	DEKALB	80	166	538,000	12,207	44,811	538,000	43,040
18	DELAWARE	564	1039	4,100,000	41,652	322,574	4,100,000	328,000
19	DUBOIS	81	136	367,000	12,778	30,947	367,000	29,360
20	ELKHART	474	973	3,240,000	45,958	264,667	3,240,000	259,200
21	FAYETTE	136	242	810,000	7,953	66,467	810,000	64,800
22	FLOYD	248	469	1,956,000	17,057	159,364	1,956,000	156,480
23	FOUNTAIN	36	65	180,000	10,191	15,985	180,000	14,400
24	FRANKLIN	27	46	278,000	5,234	23,683	278,000	22,240
25	FULTON	68	130	320,000	7,207	26,963	320,000	25,600
26	GIBSON	83	155	434,000	10,739	36,497	434,000	34,720
27	GRANT	374	702	1,742,000	29,620	142,342	1,742,000	139,360
28	GREENE	72	129	488,000	18,226	40,595	488,000	39,040
29	HAMILTON	91	175	919,000	20,598	76,344	919,000	73,520
30	HANCOCK	76	149	585,884	13,001	48,494	585,884	46,871
31	HARRISON	112	209	712,000	13,146	59,014	712,000	56,960
32	HENDRICKS	85	147	706,000	19,579	58,550	706,000	56,480
33	HENRY	151	285	700,000	21,938	58,167	700,000	56,000
34	HOWARD	363	706	2,230,000	28,629	181,205	2,230,000	178,400
35	HUNTINGTON	123	234	572,000	7,584	47,491	572,000	45,760
36	JACKSON	108	196	651,000	16,109	54,011	651,000	52,080
37	JASPER	31	61	251,000	8,767	21,612	251,000	20,080
38	JAY	70	104	360,000	8,152	30,475	360,000	28,800
39	JEFFERSON	88	172	515,000	10,747	43,007	515,000	41,200
40	JENNINGS	125	222	500,000	7,828	41,912	500,000	40,000
41	JOHNSON	151	280	1,650,000	25,155	134,845	1,650,000	132,000
42	KNOX	144	254	793,000	16,223	65,128	793,000	63,440
43	KOSCIUSKO	201	393	1,023,000	21,451	84,292	1,023,000	81,840
44	LAGRANGE	57	121	336,000	11,487	28,740	336,000	26,880
45	LAKE	3425	6740	25,645,525	172,514	2,069,618	25,645,525	2,051,642
46	LAPORTE	214	498	2,128,000	36,060	173,720	2,128,000	170,240
47	LAWRENCE	237	433	1,563,000	12,962	127,332	1,563,000	125,040
48	MADISON	478	861	2,600,000	38,064	212,162	2,600,000	208,000
49	MARION	6054	12240	49,500,000	0	0	49,500,000	3,960,000
50	MARSHALL	85	150	472,000	19,065	39,779	472,000	37,760
51	MARTIN	47	84	220,000	6,929	19,020	220,000	17,600
52	MIAMI	173	299	850,000	16,081	70,255	850,000	68,000
53	MONROE	412	693	2,716,000	16,365	220,284	2,716,000	217,280
54	MONTGOMERY	80	148	521,000	12,243	43,335	521,000	41,680

55	MORGAN	206	375	1,315,000	17,683	107,720	1,315,000	105,200
56	NEWTON	43	71	220,000	8,271	19,150	220,000	17,600
57	NOBLE	100	202	454,000	14,207	38,586	454,000	36,320
58	OHIO	18	33	114,000	4,878	10,204	114,000	9,120
59	ORANGE	99	177	336,920	12,351	28,548	336,920	26,954
60	OWEN	85	164	414,000	5,900	34,567	414,000	33,120
61	PARKE	64	119	253,000	9,921	21,591	253,000	20,240
62	PERRY	87	153	480,000	10,640	39,862	480,000	38,400
63	PIKE	56	92	223,000	4,878	19,268	223,000	17,840
64	PORTER	407	636	2,214,000	34,813	180,812	2,214,000	177,120
65	POSEY	83	139	500,000	10,894	41,550	500,000	40,000
66	PULAKSI	28	52	152,000	7,163	13,230	152,000	12,160
67	PUTNAM	72	146	500,000	14,901	41,912	500,000	40,000
68	RANDOLPH	56	111	279,000	17,759	24,081	279,000	22,320
69	RIPLEY	56	124	400,000	13,957	33,597	400,000	32,000
70	RUSH	53	102	250,000	4,919	21,427	250,000	20,000
71	SAINT JOSEPH	1080	2099	8,295,000	65,809	670,619	8,295,000	663,600
72	SCOTT	110	220	507,305	11,359	42,549	507,305	40,584
73	SHELBY	68	136	620,000	15,278	52,731	620,000	49,600
74	SPENCER	67	103	340,000	7,037	28,588	340,000	27,200
75	STARKE	13	26	178,600	13,046	15,889	178,600	14,288
76	STEUBEN	73	141	430,000	10,946	36,063	430,000	34,400
77	SULLIVAN	29	61	266,000	8,685	22,725	266,000	21,280
78	SWITZERLAND	29	59	189,074	4,878	16,502	189,074	15,126
79	TIPPECANOE	514	844	3,800,000	23,348	307,976	3,800,000	304,000
80	TIPTON	28	43	153,800	6,649	13,526	153,800	12,304
81	UNION	27	49	64,000	4,878	6,263	64,000	5,120
82	VANDERBURGH	1059	1972	5,928,000	43,983	479,884	5,928,000	474,240
83	VERMILLION	45	88	297,000	8,054	25,340	297,000	23,760
84	VIGO	668	1268	4,374,000	30,601	354,009	4,374,000	349,920
85	WABASH	110	192	622,000	13,981	51,658	622,000	49,760
86	WARREN	13	24	80,000	4,878	7,674	80,000	6,400
87	WARRICK	144	251	694,000	9,961	57,253	694,000	55,520
88	WASHINGTON	97	186	547,304	13,179	45,741	547,304	43,784
89	WAYNE	248	435	1,865,000	30,069	152,259	1,865,000	149,200
90	WELLS	41	73	242,000	10,487	21,070	242,000	19,360
91	WHITE	31	75	262,000	13,408	22,663	262,000	20,960
92	WHITLEY	68	125	427,000	7,946	35,679	427,000	34,160
		24,676	47,514	$175,308,083	$1,579,555	$10,270,477	$175,308,083	$14,024,647

FSSA PROVIDER DATA FORM

This form, with the applicable W9 Form, must be submitted to the FSSA Program Area and forwarded to FSSA Contract Management **PRIOR** to the preparation of **ANY** contract. Allow Contract Management 7 days to verify and enter

FSSA Program Name: _____ **Submitted on:** _____

Provider Contact Person: _____ **Telephone:** ( ) _____

Fax Number: _____ **E-mail Address:** _____

Provider's Legal Name: _____

Provider's d/b/a Name: _____
(doing business as)

Provider's FID/EIN/SSN: _____

NOTE: SSN may only be used if the legal name above is an individual's name.

Provider's Legal Status:

_____ Individual/Sole Proprietor

_____ Corporation — Indicate: __For-Profit __Nonprofit

_____ Government — Indicate: __Federal __State __County __City __Town __Township __Other

_____ Limited Liability Company

_____ Partnership — Is it a LLP? __Yes __No

List all partners: _____

_____ School Corp. — Indicate list # as assigned by the Dept. of Education #

Director/Manager: **Name:** _____ **Title:** _____

Office/Street Address: (Main Location) **Street:** _____ **County:** _____

City: _____ **State:** _____ **Zip Code:** _____ — _____

Confidential Address? **Yes** **or** **No** **Internet Address:** _____

Phone#: ( ) _____ **Phone#:** ( ) _____

Fax#: ( ) _____ **Toll-Free#:** ( ) _____

Mailing Address: **Street/POB:** _____

City: _____ **State:** _____ **Zip Code:** _____ — _____

Claims Payment Address **Street:** _____

This address is where checks will be mailed. EVERYONE MUST attach a W9 Form reflecting this address regardless of legal status.

City: _____ **State:** _____ **Zip Code:** _____ — _____

How frequently do you wish to claim for reimbursement? _____ Monthly - 12 claims _____ Semi-Monthly - 24 claims

Term of Contract Requested: _____

County(ies) for which funding is requested. **Circle all that apply.**

01 Adams	13 Crawford	25 Fulton	37 Jasper	49 Marion	61 Parke	73 Shelby	85 Wabash
02 Allen	14 Daviess	26 Gibson	38 Jay	50 Marshall	62 Perry	74 Spencer	86 Warren
03 Bartholomew	15 Dearborn	27 Grant	39 Jefferson	51 Martin	63 Pike	75 Starke	87 Warrick
04 Benton	16 Decatur	28 Greene	40 Jennings	52 Miami	64 Porter	76 Steuben	88 Washington
05 Blackford	17 Dekalb	29 Hamilton	41 Johnson	53 Monroe	65 Posey	77 Sullivan	89 Wayne
06 Boone	18 Delaware	30 Hancock	42 Knox	54 Montgomery	66 Pulaski	78 Switzerland	90 Wells
07 Brown	19 Dubois	31 Harrison	43 Kosciusko	55 Morgan	67 Putnam	79 Tippecanoe	91 White
08 Carroll	20 Elkhart	32 Hendricks	44 LaGrange	56 Newton	68 Randolph	80 Tipton	92 Whitley
09 Cass	21 Fayette	33 Henry	45 Lake	57 Noble	69 Ripley	81 Union	
10 Clark	22 Floyd	34 Howard	46 LaPorte	58 Ohio	70 Rush	82 Vanderburgh	
11 Clay	23 Fountain	35 Huntington	47 Lawrence	59 Orange	71 St. Joseph	83 Vermillion	
12 Clinton	24 Franklin	36 Jackson	48 Madison	60 Owen	72 Scott	84 Vigo	_____ **Statewide**

Is this a female-owned business? __Yes __No

Is this a minority-owned* business? __Yes __No _____ %

Is there minority participation**? __Yes __No _____ %

*If minority ownership amounts to 51% or more of the company, answer "yes" and enter 100%.

**If not minority-owned, enter % of minority participation.

Name/Title of persons authorized to sign legal documents and contracts.

1.	4.
2.	5.
3.	6.

Instructions for the FSSA Provider Data Form, the W-9 Form and the Direct Deposit Form.

FSSA PROVIDER DATA FORM – This form is required. It is used to complete information required on the contract documents and also to help us keep our information updated.

W-9 Form – This form is required by the Auditor of State. It is used to maintain a file of claims payment addresses. This form must be completed with the legal name, d\b\a, if appropriate and the address where the claim checks are to be sent, if you do not choose to use direct deposit. It must be signed and the original is to be submitted to FSSA. FSSA cannot begin to develop a contract without this form.

Direct Deposit Form – This form is to be completed if you choose to have your claim payments direct deposited to your bank. Section 1 and Section 2 must be completed and the original is to be submitted to FSSA. **HOW DIRECT DEPOSIT WORKS** – Normally, the Auditor of State's Office only allows one bank account to be direct deposit. This means that if you have several different contracts with the State of Indiana and you submit a direct deposit request, all funds that pass through the Auditor's Office will be direct deposited into that account. Claims Management will send a warrant summary notice advising what funds was deposited into your bank account. This information will usually follow the deposit by 2-5 days. The automated deposit feature usually saves about five days processing time.

Technical Requirements

"The recommended minimum hardware and software requirements listed below are based on technical requirements and performance testing. Systems not meeting these minimum requirements may experience substandard performance."

To adequately run the Automated Intake system will require the following hardware and peripherals.

Client Software Minimum Requirements:

Mozilla/4.0 compatible

- Internet Explorer 5.x or higher, Netscape 6.0
- JavaScript support
- Java JRE 1.3.1 plug-in [http://java.sun.com/j2se/1.3/jre/download-windows.html]
- Adobe Reader 5.0 or higher
- Windows 98 or Higher

Recommended Software

- MS Office Software (Word, Excel) *n* licenses (where n = the number of users)
- Anti-Virus software for each computer system and laptop.
- Email (web-based or client installed (i.e. Outlook express, etc)

Client Hardware:

- Pentium, 600-MHz processor or faster
- 256 MB of RAM
- CD-ROM
- Modem – Digital (DSL/Cable)

Internet

- Dedicated data line (DSL, Cable, Ethernet 10 Mbps or higher)

NOTE: America On-Line Internet connectivity not supported

Printer

- Any HP or HP-compatible laser printer