

## Contract Application Instructions

All documents required in the Contract Application are listed below. Fillable forms provided in the Contract Application can be saved, completed, and submitted to your Contract Manager for review.

ATT.	DOCUMENT	REQUIRED
1	Required Documents Checklist	Yes
	Complete and submit the Required Documents Checklist. Check the “Yes” or “N/A” box for each document, and enter initials in the Local Agency Initial Certifying Document Completed column verifying that the Contract Application documents have been completed and submitted.	Save and Email.
2	Certification of Contract Application	Yes
	Complete and submit the Certification of Contract Application. Ensure that the person listed in Attachment 3, Paragraph F, Certifying Signature is the person who completes Attachment 2.	Save and Email.
3	Agency Information	Yes
	Complete and submit the Agency Information form.  Provide the Agency’s Legal Name (Section A.) Ensure that the Agency’s Legal Name listed matches what is listed on the Payee Data Record (Attachment 10), and that the legal name is used throughout the Contract Application on all documents. (Refer to the existing STD 213 – has the legal name changed? Indicate the change on the Payee Data Record, Attachment 10.)  Provide the Federal Employers ID#, Type of Organization, and DUNS # (Sections A and B.)  Provide physical street, mailing, and shipping address (Sections C, D, and E.)  Provide the local agency contact information required (Sections F through M.)  If applicable, complete the list of Five Highest Compensated Officers (Section N.)	Save and Email.
4	Contract Application Budget Plan and Facility Cost Worksheets	Yes
	Complete and submit the Budget Plan and Facility Cost Worksheets. For more instructions see the Budget Plan and Facility Cost Instructions and Budget Plan and Facility Cost Samples.	Save and Email.
5	Summary of Sites	Yes
	Complete the Summary of Sites worksheet. Include all Administrative and Clinic Site locations. See the Sample tab at the bottom of the worksheet.	Save and Email.
6	Justification of Staffing Levels	Yes
	Complete and submit the Justification of Staffing Levels form.  Explain how the agency’s proposed staffing meets the minimum requirements within the WIC local agency contract and meets the needs of the Scope of Work.	Save and Email.

ATT.	DOCUMENT	REQUIRED
7	Request for Authorization to Subcontract form	If Applicable
	<p>If the local agency will have a subcontract that exceeds \$2,500, submit a Request for Authorization to Subcontract Form, Attachment 7. If the subcontractor is unknown, list the subcontractor as "To be determined."</p> <p>The completed Request for Authorization to Subcontract package must be submitted for CDPH/WIC Program approval prior to execution of the subcontract. The complete package must include the form signed in blue ink, a cover letter including the justification for the need to subcontract, bid documentation, and an unsigned copy of the subcontract.</p> <ul style="list-style-type: none"> <li>• If the Request for Authorization to Subcontract package <b>is not</b> complete at the time you are submitting the Contract Application, email all Request for Authorization to Subcontract package information that is available at the time you are submitting your Contract Application. Complete the Request for Authorization to Subcontract Form, scan and email to your Contract Manager. The Request for Authorization to Subcontract form with original signature, in blue ink, may be mailed to your Contract Manager at a later date when the Request for Authorization to Subcontract package is complete and ready for Contract Manager approval.</li> <li>• If the Request for Authorization to Subcontract package <b>is</b> complete at the time you are submitting the Contract Application, email all Request for Authorization to Subcontract package information to your Contract Manager, including a scanned completed Request for Authorization to Subcontract form. Mail the Request for Authorization to Subcontract Form with original signature, in blue ink, to your Contract Manager.</li> </ul>	Scan and Email.
8	Certification of Indirect Cost Rate	Yes
	<p>Complete and submit the Certification of Indirect Cost Rate (ICR) form.</p> <p>The ICR percentage listed must match the percentage listed on Contract Application Budget Plan.</p>	Save and Email.
9	Languages Spoken By Participants and Staff	Yes
	<p>Complete and submit the Languages Spoken By Participants and Staff form.</p> <p>The table must be complete and accurate. (Compared to the Languages of Agency's Participants report)</p> <p>Explain how your agency meets the needs of non-English speaking participants who require translation/interpretation services.</p>	Save and Email.
10	Payee Data Record (STD 204)	Yes
	<p><b>All agencies must complete and submit a Payee Data Record form.</b> Has the legal name changed from the previous contract? Use the legal name throughout all Contract Application forms.</p> <p>Save the form, complete, and email the form to your Contract Manager. This form also required an original signature, in blue ink. Also mail this form with signature in blue ink to your Contract Manager.</p>	<p>Save and email.</p> <p>Also mail – original signature required.</p>

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11	Current Insurance Documents – Refer to Sample Contract, Exhibit E, Provision 4 for requirements	Yes
	<p>Submit the current Insurance Documents. <b>Designate as Attachment 11 on the top of the page.</b></p> <p>Is the term of the coverage at least 12 months?</p> <p>Are the “Per Occurrence” policy limit amounts sufficient?</p> <ul style="list-style-type: none"> <li>• Commercial General Liability – The Contractor shall maintain general liability on an occurrence form with limits not less than \$1,000,000 per occurrence and \$2,000,000 aggregate for bodily injury and property damage liability.</li> <li>• Automobile Liability – The Contractor shall maintain motor vehicle liability with limits not less than \$1,000,000 per occurrence for bodily injury and property damage combined.</li> <li>• Workers’ Compensation and Employers’ Liability - The Contractor shall maintain statutory workers’ compensation and employers’ liability for all its employees who will be engaged in the performance of the contract. Employers’ liability limits of \$1,000,000 are required.</li> </ul> <p>Does the CLI include the required statement:  “The State of California, its officers, agents, and employees are included as additional insureds, but only with respect to work performed for the State of California under this Agreement.”</p>	Email.
12	Organization Charts (Local Agency and Parent Organization)	Yes
	<p>Submit Local Agency and Parent Organization Charts - <b>Designate as Attachment 12 on the top of the page.</b></p> <p><u>Local Agency Organization Chart</u>  Ensure that the chart includes the Position Title and FTEs listed on the Budget Plan (Att. 4).  Ensure that the chart includes Breastfeeding Peer Counseling (BFPC) staff and/or RBL staff. The Budget Detail Worksheet and org charts must include BFPC and/or RBL positions if the WIC local agency is in the BFPC and/or RBL Program.</p> <p><u>Parent Organization Chart</u>  If applicable, ensure that the chart includes the Position Title and FTEs listed on the Budget Plan (Att. 4).  Ensure that the chart shows the relationship between the local agency and the parent organization.</p>	Email.
13	Proof of Nonprofit Status ( <b>Nonprofit Organizations ONLY</b> )	Yes, if Nonprofit
	If the local agency is a private nonprofit organization, provide a copy of Nonprofit status. ( <i>Tax exempt status from IRS, FTB or small business designation from DGS</i> ) <b>Designate as Attachment 13 on the top of the page.</b>	Email.
14	List of Agency Board of Directors (Nonprofit Org.)	Yes, if Nonprofit
	If the local agency is a private nonprofit organization, a list of the most current Board of Directors is required. The list must include the mailing address, term limits, and the board position for each director. <b>Designate as Attachment 14 on the top of the page.</b>	Email.