

Attachment J.8

DISTRICT OF COLUMBIA GOVERNMENT
CHILD AND FAMILY SERVICES AGENCY
MOBILE CRISIS STABILIZATION SERVICES
BUDGET PACKAGE COVER SHEET

PROVIDER: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE NO: _____

SERVICE TYPE: _____

RFP/CONTRACT NO: _____

ORIGINAL: REVISION: REVISION NO: _____

CONTRACT AMENDMENT/REVISION NO: _____

CONTRACT PERIOD-FROM: _____ TO: _____

APPROVED BY AUTHORIZED PROVIDER OFFICIAL: _____
NAME

AUTHORIZING OFFICIAL'S TITLE: _____
TITLE

AUTHORIZING OFFICIAL'S SIGNATURE/DATE: _____
SIGNATURE DATE

DATE DELIVERED/MAILED TO CFSA: _____
DATE

TO BE COMPLETED BY CFSA CONTRACTS AND PROCUREMENT ADMINISTRATION

RECEIVED IN CFSA CONTRACTS AND PROCUREMENT ADMINISTRATION: _____
DATE

RECEIVED BY: _____
NAME

RECEIVER'S TITLE: _____
TITLE

BUDGET PACKAGE COMPLETE (ALL SCHEDULES COMPLETED, INCLUDING ALL REQUIRED ATTACHMENTS)

ADEQUATE NUMBER OF COPIES SUBMITTED (PER RFP INSTRUCTIONS)
NUMBER SUBMITTED

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