ATTACHMENT C

Plan and Budget Required Documents Checklist

MODIFIED FY 2017/2018

County/City: _____ **Fiscal Year:**_____

	Document	Page Number
1.	**Checklist**	Yes
2.	**Agency Information Sheet**	Yes
3.	**Certification Statements**	
	A. Certification Statement (CHDP) – Original and one photocopy	Yes
	B. Certification Statement (CCS) – Original and one photocopy	Yes
4.	**Agency Description**	
	A. Brief Narrative	Yes, CHDP
	B. Organizational Charts for CCS, CHDP, HCPCFC, and PMM&O	*Retain locally
	C. CCS Staffing Standards Profile	Retain locally
	D. Incumbent Lists for CCS, CHDP, HCPCFC, and PMM&O	Yes
	E. Civil Service Classification Statements – Include if **newly established**, proposed, or revised	*Yes
	F. Duty Statements – Include if **newly established**, proposed, or revised	*Yes
5.	**Implementation of Performance Measures** – Performance Measures for FY 2016—2017 are due November 30, 2017.	**N/A**
6.	**Data Forms**	
	CHDP Program Referral Data	Yes
7.	**Memoranda of Understanding and Interagency Agreements List**	
	A. MOU/IAA List	Yes
	B. New, Renewed, or Revised MOU or IAA	Yes
	C. CHDP IAA with DSS biennially	Retain locally
	D. Interdepartmental MOU for HCPCFC biennially	Yes
8.	**Budgets**	
	A. CHDP Administrative Budget (No County/City Match)	
	1. Budget Summary	Yes
	2. Budget Worksheet	Yes

County/City: _____ **Fiscal Year:**_____

			Document	Page Number
		3.	Budget Justification Narrative	Yes
	B.		CHDP Administrative Budget (County/City Match) - Optional	
		1.	Budget Worksheet	Yes
		2.	Budget Justification Narrative	Yes
		3.	Budget Justification Narrative	Yes
	C.		CHDP Foster Care Administrative Budget (County/City Match) - Optional	
		1.	Budget Summary	Yes
		2.	Budget Worksheet	Yes
		3.	Budget Justification Narrative	Yes
	D.		HCPCFC & PMM&O Administrative Budgets	
		1.	Budget Summary	Yes
		2.	Budget Worksheet	Yes
		3.	Budget Justification Narrative	Yes
	E.		CCS Administrative Budget	
		1.	Budget Summary	Yes
		2.	Budget Worksheet	Yes
		3.	Budget Justification Narrative	Yes
	G..		Other Forms	
		1.	County/City Capital Expenses Justification Form	Yes, if applicable
		2.	County/City Other Expenses Justification Form	Yes, if applicable
9.			**Management of Equipment Purchased with State Funds**	
		1.	Contractor Equipment Purchased with DHCS Funds Form (DHCS1203)	If applicable
		2.	Inventory/Disposition of DHCS Funded Equipment Form (DHCS1204)	If applicable
		3.	Property Survey Report Form (STD 152)	If applicable