



DEPARTMENT OF
**COMMUNITY
PROGRAMS**

Department of Community Programs
City Hall, Room 220W
500 W. Markham Street
Little Rock, AR 72201
(501) 399-3420 (office)
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www.LRDCCares.org

2024 PIT Contract Negotiation Documents Checklist

Program Category: _____

Agency Name: _____

Agency Address: _____

City, State, Zip: _____

Main Phone Number(s): _____ Fax Number: _____

Website: _____ Social Media: _____

Authorized Signature: _____

Print Name: _____ Title: _____

Cell Phone Number: _____ Email: _____

Contact Person Information (if different from Authorized Signatory above)

Contact Person Name: _____ Title: _____

Cell Phone Number: _____ Email: _____

Include program address if different from agency address: _____

Item	Requested Information as Attachments; Please Provide:	Rcvd	Notes/Comments
1.	A "one-page" brief description of your program; include: location, name of contact person, phone number, website, services, activities, hours of operation/days of the week, target population, list of SMART Goals, and other program related information. NOTE: this information will be used on the City Website, in program booklets, and will be made available to the public.		
2.	The following information for program services to be provided: A. Describe or provide a copy of the curricula that will be used. B. Describe the activities/provide the learning objectives for each activity. C. Describe how activities and learning objectives relate to program goals.		
3.	If the Contractor is a "for profit" business, the Contractor must submit a copy of the current City of Little Rock business license to operate within the City of Little Rock. If the Contractor is a "non-profit" business, Contractor must submit 1) a copy of the Agency's original 501(c)(3) Designation letter; 2) proof of active status; and 3) proof of "good standing" printed from the IRS Website: https://www.sos.arkansas.gov/corps/search_all.php .		
4	Copy of your Current Board List; include name of person, company, and contact information.		

5.	If serving youth under age 18, provide a copy of DHS License (Contact Sheronda Vaughn of DHS to determine, and provide proof: Sheronda Vaughn, Program Coordinator/ Childcare Licensing Supervisor, 501-396-6482; sheronda.vaughn@dhs.arkansas.gov		
6.	If applicable, proof of participation in USDA Meals Program		
7.	Copy of current Fire Inspection for the building/location where program services will be take place.		
8.	2024 Budget for each contract; include signed copy. Note #1: The budget and anyone paid from these funds must be updated and resubmitted each time any associated budget item is modified. Note #2: If awarded multiple contracts, <i>all</i> shared expenditures <i>must</i> be allocated proportionately to all relevant funding sources. Provide the percentage of shared expenditures to be applied to each contract listed in this letter. If these percentages affect other City contracts, you will need to modify information for other contracts.		
9.	Detailed Budget Narrative justifying the need for each budget item.		
10.	Copies of all contracts/consultant agreements related to, or to be paid from, this contract if awarded. This would include Lease Agreements and Equipment/Copier Rentals, etc. Note: The budget and anyone paid from these funds must be updated and resubmitted each time any associated budget item is modified.		
11.	Copy of Employee Roster to include Name, Address, Phone Number, and Email Address for any personnel paid from this contract. Include a copy of their: a) background check; b) related job description; c) their resume; and d) Completion of AR Youth Development, Youth Worker Orientation Certificate (or their intended enrollment date. Certification be completed within 6 months of start date. Registration information is available here: http://www.aosn.org/youth-development-institute/index.html).		
12.	Copies of all documents to be utilized for program implementation, including documents that will be included in participant files; e.g., Programs Registration Form, Basic Needs Assessment, pre-/post-tests, Parental Consent Form, etc.		
13.	A brief description of your case management process.		
14.	A list of dates of when periodic participant surveys (to evaluate implementation and quality of service delivery) will be conducted (at least once a quarter).		
15.	Parental Involvement and Engagement Policy		
16.	If applicable, a brief description of your Transportation Policies and Procedures. Include mileage rate and information relative to who will be the driver(s), vehicle information, and proof of insurance/liability coverage. Note: insurance this coverage is not an allowable expenditure; however, the Agency must have this coverage.		

NOTE: Contract document is incomplete until all items listed above have been received, reviewed, and approved.

NOTES: _____
