

**Information Worksheet
Purchase of Service Contract**

Contract/Vendor Number

Region Number	County Number
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SECTION I — CONTRACTOR DATA

Legal Name			Contract Effective Date		
Commonly Used Name (if different)			Contract Termination Date		
Address (Street, City, State, Zip)			Area Code and Telephone Number () -		
Person Authorized to Sign Contract		Title	Ownership <input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Profit		
Charter Number	Employer ID Number	Contract Person	Title	Area Code and Telephone Number () -	

SECTION II — SUMMARY OF PAYMENT (Enter estimated information in this section.)

Effective Payment Dates	Budget Name	Budget Number	Unit Rate	Estimated Number Eligible Units	Estimated Local Funds	Estimated DADS Funds	Estimated Budget Amount
Estimated Contract Total							
Percent of Contract							

SECTION III — SERVICE

Program Activity Name	Code
Service Activity Name	Code

SECTION IV — CLIENT DATA

1. Client Categories to be Served (check all that apply) <input type="checkbox"/> Current TANF <input type="checkbox"/> Current SSI <input type="checkbox"/> NPA Food Stamp Recipient <input type="checkbox"/> MAO Income Eligible <input type="checkbox"/> Other Income Eligible <input type="checkbox"/> Without Regard to Income <input type="checkbox"/> Ineligible		
2. Total Number of Client to be Served <input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month		3. Number of Eligible Clients to be Served <input type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month
4. Unit of Service	5. Units of Service to All Clients	6. Number of Units of Service to Eligible Clients
7. Geographical Area Served		8. Goals (check all that apply) <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
9. Basis of Payment <input type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Schedule		
10. Estimated Amount of Co-Pay (day care and family planning only):		