

FY 2026 CHECKLIST
(SUBMIT WITH RATE APPLICATION PACKAGE)

ORGANIZATION:

PROGRAM NAME:

PROGRAM TYPE:

PROGRAM CATEGORY:

TFC, TMP-TFC, OR TFC-MF PROGRAMS ONLY:

- DIFFICULTY OF CARE COMPUTATION FORM COMPLETED & SIGNED
- BOARD RATE COMPUTATION FORM COMPLETED & SIGNED

ALL PROGRAMS:

- 1 COPY OF THE BUDGET IDENTIFICATION FORM – SIGNED & DATED
- 1 COPY OF CURRENT LICENSE PER FACILITY
- CHILD PLACEMENT AGENCY PROGRAMS ONLY: REQUIRED CONTRACT PAGES (SEE INSTRUCTIONS)
- 1 COPY OF SERVICE LEVEL INTENSITY SCORE SHEET FORM:
 - APPROVED LOIs:
 - LEVELS OF INTENSITY SIGNED BY PROGRAM ADMINISTRATOR AND LICENSING SPECIALIST
- 1 COPY OF THE LEASE/MORTGAGE SUMMARY FOR PROGRAM FACILITIES AND OFFICE SPACE
SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORM MUST BE ATTACHED
- 1 COPY OF THE COMPLETED **FY 2026 BUDGET SAVED IN EXCEL 2007**
- 1 COPY OF COMPLETED FY 2026 BUDGET
 - FORM A COVER SHEET – SIGNED AND DATED
 - FORM B-1 OPERATING STATEMENT – INCOME
 - FORM B-2 OPERATING STATEMENT - EXPENSES
 - FORM C RATE COMPUTATION REPORT
 - FORM D ALLOCATION OF EXPENSES
 - FORM E-1 PERSONNEL COST DETAIL SUMMARY FORM
 - FORM E-2 MANAGEMENT, GENERAL, & FACILITY SUPPORT
 - FORM E-3 DIRECT CHILD SERVICES
 - FORM E-4 EDUCATION
 - FORM E-5 MEDICAL
 - FORM E-6 CLINICAL
 - END SUMMARY INFO
 - UNIQUE CONTROL NUMBER ASSIGNED TO EACH POSITION ON FORMS E2-E6
- 1 COPY OF PROGRAM DESCRIPTION FORM
- 1 COPY OF **FY 2024** ANNUAL AUDITED FINANCIAL STATEMENT

Signature of Person Authorized by the Corporation to Sign on its Behalf

Date