

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF \_\_\_\_\_  
RFA APPROVAL FORM**

RFA # \_\_\_\_\_

RFA TITLE: \_\_\_\_\_

BRIEF PURPOSE:  
\_\_\_\_\_  
\_\_\_\_\_

RFA submitted to: PUBLIC \_\_\_\_\_ PRIVATE NON-PROFIT \_\_\_\_\_ PRIVATE FOR-PROFIT \_\_\_\_\_

FUNDING SOURCE: FEDERAL \_\_\_\_\_ STATE \_\_\_\_\_ BOTH FEDERAL & STATE \_\_\_\_\_

FUND TYPE: \_\_\_\_\_ CO # \_\_\_\_\_ ACCT # \_\_\_\_\_ CENTER # \_\_\_\_\_ AMOUNT \_\_\_\_\_

FUND TYPE: \_\_\_\_\_ CO # \_\_\_\_\_ ACCT # \_\_\_\_\_ CENTER # \_\_\_\_\_ AMOUNT \_\_\_\_\_

DIRECT SERVICES: \_\_\_\_\_ INDIRECT SERVICES: \_\_\_\_\_ BOTH: \_\_\_\_\_

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1. INITIATOR: \_\_\_\_\_ DATE SUBMITTED: \_\_\_\_\_

2. \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_  
SECTION/PROGRAM CHIEF \_\_\_\_\_ DISAPPROVAL

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_  
CONTRACT OFFICE \_\_\_\_\_ DISAPPROVAL

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_  
BUDGET OFFICE \_\_\_\_\_ DISAPPROVAL

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_ APPROVAL DATE: \_\_\_\_\_  
DIRECTOR/DESIGNEE \_\_\_\_\_ DISAPPROVAL

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

<b>RFA Check List:</b> _____ RFA and Attachments
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## INSTRUCTIONS FOR COMPLETING REQUEST FOR APPLICATIONS (RFA) APPROVAL FORM

<b>RFA #</b>	Enter the assigned internal tracking number.
<b>RFA Title</b>	Indicate the title of the RFA (e.g., Business Analysis, Market Rate Study, Child Care Resource and Referral).
<b>BRIEF PURPOSE</b>	Enter a brief purpose for conducting the RFA (e.g., to contract with outside source to conduct pre-licensing workshops for potential child day care providers).
<b>RFA SUBMITTED</b>	Indicate to which sector the RFA is being submitted (can be more than one).
<b>FUNDING SOURCE</b>	Indicate the funding source. Check to ensure that the funding source permits the RFA activity and check to determine what agency (public, private non-profit, or private for profit) may receive the funding. For example, a funding source may limit funding to 501(c)(3) agencies; therefore public agencies or private for profit agencies would not be able to participate.
<b>FUND TYPE/ CO #/ACCT/ CENTER/AMOUNT</b>	Enter the FUND TYPE (source). Enter the CO # -(company number assigned to the Division). Enter the ACCOUNT and CENTER codes whenever possible. These budget codes will apply to contract(s). <b>Example:</b> FUND TYPE : <u>SSBG</u> CO # <u>2XXX</u> ACCT <u>53XXXX</u> CENTER <u>1XXXXXXXXXX</u> AMOUNT <u>\$200,000.00</u> . If codes are unknown enter the FUND TYPE and AMOUNT available for contracting.
<b>SERVICES</b>	Indicate what type of service would be purchased. Direct: services provided directly to client(s). Indirect: Services not provided directly to client(s). Both: a combination of services would be provided.

### ROUTING/REQUIRED APPROVAL SIGNATURES

<b>Initiator</b>	Initiator of the project needs to sign and date the form. Attach the DRAFT RFA and all attachments to the completed Approval form.
<b>Section/Program Chief</b>	Section/Program Chief should sign, date and check approved or disapproved. If disapproved provide reason in comments section and return to the Initiator. If approved forward package to Contract Office.
<b>Contract Office</b>	Contract Office should sign, date and check approved or disapproved. If disapproved provide reason in comments section and return to the Initiator. If approved, the package will be forwarded required offices.
<b>Budget Officer</b>	Budget Officer should sign, date and check approved or disapproved. If disapproved provide reason in comments section. Return package to the Contract Office.
<b>Division Director/Designee</b>	Division Director/Designee should sign, date and check approved or disapproved. If disapproved provide reason in comments section. Return package to the Contract Office.