

St. Clair County Community Mental Health

Contract Intake Form

Name of Business:	Type of Contract: ☐ Clinical (Services Provided to Individuals Served) ☐ Non-Clinical
Name of Contact:	Telephone:
Position at Company:	Email:
Discussed with Leadership Team? ☐ Yes ☐ No	Will the Business have Access to PHI: ☐ Yes (BAA Needed) ☐ No
Date of Contract Needed:	Concerns with Contract and/or Business: ☐ Yes – provide explanation on separate sheet and attach ☐ No
Purpose of Contract:	
Any suggestions or changes needed to be made to the Contract: ☐ Yes-provide details and attach ☐ No	
Does this agreement/contract fall under Purchasing/Procurement? ☐ Yes ☐ No	
Expected Total Amount of Contract*: *If a subscription, expected total annual payments: ☐ \$250,000 or above – MUST FOLLOW FORMAL REQUEST FOR PROPOSAL (RFP) PROCESS. Meeting with CEO, COO, CCO, and CFO to proceed. ☐ \$50,000 to \$250,000 – MUST OBTAIN AT LEAST TWO (2) QUOTES FOR GOODS AND SERVICES. If you are unable to obtain two (2) quotes, see instructions below.	
Non-Competitive Procurement (select all that apply) ☐ The item is available only from a single source. ☐ There is a public emergency and the urgency for obtaining the item or service does not permit competitive procurement. ☐ The item or service is of limited quantity or duration. ☐ The item or service is unique. ☐ The residential services of an existing residential service system if continuity of care arrangements is of paramount concern. ☐ Selection of the service provider has been delegated to an individual under a self-determination arrangement. ☐ Pilot projects where efficacy and effectiveness are still being evaluated. ☐ A critical volume of services is necessary to provide the required service at a specified price. ☐ An organization that is peer-run needs assistance in development. ☐ After solicitation of several sources, competition is determined inadequate.	
☐ Open – Provider Panel Process – Need Service(s) to meet Network Adequacy. All qualified service providers welcome to submit pre-contracting application for review and consideration.	
Justification: (Describe all reasons competitive procurement was not used to select this provider.)	

Signature: _____ **Printed Name:** _____
 Person submitting this form

Signature: _____ **Printed Name:** _____
 Supervisor of Person submitting form (unless submitted by a member of Leadership)

Date of Signature: _____

❖ **Reminder: Did you attach the contract paperwork?**