NEW YORK STATE OFFICE OF VICTIM SERVICES
CHECKLIST-SIGNATURE FORM
[To be completed and submitted to OVS]

Attachment B - Budget

☐ The annual amount on the Summary Budget Form matches the 2018-19 grant award amount.

☐ Complete and include all budget pages.

☐ Verify that the Organization Name and Contract Number appears on all budget pages.

Attachment C – 2018-19 Performance Measures

☐ Complete 2018-19 Attachment C – Performance Measures after discussing 2018-19 goals and objectives with your OVS Contract Manager.

Other **Enter your contract number here C-_____**

☐ Proof of Insurance (Insurance certificates should clearly identify OVS and must contain our address which is below)
___ Workers' Compensation Coverage
___ New York State Disability Coverage

☐ Verify that all documents are free from any alterations or marks (no white-out) to avoid delays in processing and payment.

☐ Obtain signatures below from one agency fiscal representative and one agency program representative.

☐ Position Description Form.

☐ Program Information Form.

☐ Lease Agreements for both space and equipment, if applicable.

☐ Contractual Agreements, if applicable

☐ Attachment B – 2018-19 Budget Worksheet, if applicable.

☐ Submit two (2) complete unbound packets including Attachment B, Attachment C and this checklist with original signatures.

If you are unable to satisfy any of the items required on this checklist, please contact your Contract Manager.
Submit all required items by the close of business **August 13, 2018** to:

Chet Fiske
Contract Management Specialist 3
NYS OFFICE OF VICTIM SERVICES
80 S. Swan Street, 2nd Floor
Albany, New York 12210

Two Agency Signatures Required:	**For OVS Use Only:**
_____ **(Program Representative Signature)** **(Date)** _____ **(Title)** _____ **(Fiscal Representative Signature)** **(Date)** _____ **(Title)**	_____ **(Signature)** **(Date)** **Chet Fiske** **Contract Management Specialist 3**