

COORDINATED CARE SERVICES, INC.

2010 AUTHORIZATION FOR PURCHASE OF LEASEHOLD IMPROVEMENTS GREATER THAN \$10,000

NYS OFFICE OF ALCOHOL AND SUBSTANCE ABUSE SERVICES
NYS OFFICE OF MENTAL RETARDATION & DEVELOPMENTAL DISABILITIES
NYS OFFICE OF MENTAL HEALTH

WRITTEN BID NECESSARY

AGENCY: _____

LEASEHOLD IMPROVEMENT BEING PURCHASED:

Table with 4 columns: DESCRIPTION, QUANTITY, UNIT COST, EXTENDED COST. Three empty rows for data entry.

(ATTACH QUOTES & DESCRIPTIVE MATERIAL)

JUSTIFICATION OF PURCHASE EXPLAINING WHY THESE FUNDES ARE BEING USED:

Three horizontal lines for text entry.

AGENCY FINANCIAL APPROVAL:

HAS COST BEEN INCLUDED IN THE AGENCY BUDGET? YES ___ NO ___

WHAT PROGRAM IS THE EXPENSE CHARGED TO? _____

PROGRAM CODE PER CFR MANUAL? _____

WHAT 3 DIGIT FUNDING CODE IS BEING USED PER CFR MANUAL? _____

FUNDING DESCRIPTION CODE? _____

OMH OASAS OMRDD (Please Check)

APPROVED BY _____ DATE _____
AGENCY DIRECTOR

APPROVED BY _____ DATE _____
COORDINATED CARE SERVICES, INC.

APPROVED BY _____ DATE _____
MONROE COUNTY OFFICE OF MENTAL HEALTH

Requirements

The minimum requirements agencies must observe when purchasing leasehold improvements are as follows:

- Purchases in excess of \$10,000: Prior written approval is required from CCSI and Monroe County; with a written bid. The bid must be standardized with set specifications. The bid should accompany the Authorization form.

Fiscal accountability and reporting must comply with State aid Consolidated Fiscal Reporting system (CFR)

Procedure:

CCSI will:

- review authorization requests for accuracy, completeness and bid disclosure;
- notify agencies if additional information is required;
- submit authorization requests for County approval;
- maintain a tracking system for all requests; and
- advise agencies of the final determination.

Forms and bid backup should be mailed to:

Mr. Dan Wright
Sr. Financial Analyst
Coordinated Care Services, Inc.
1099 Jay St., Bldg J
Rochester, New York 14611