



**ADMINISTRATIVE DOCUMENT ATTESTATION FORM**

Agency Name:

Contract Number:

Contract Period:      Fiscal Year

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I, \_\_\_\_\_, am the \_\_\_\_\_ for \_\_\_\_\_. I hereby attest that \_\_\_\_\_ will furnish the below list of administrative documents within 30 days of contract execution:

1. Organizational Chart
2. List of Board Members
3. List of Service Sites
4. List of Management/Director Staff
5. Complaint and Grievance Procedure
6. Sliding Fee Scale - reflecting the uniform schedule of discounts referenced in Rule 65E-14.018(4), Florida Administrative Code
7. Emergency Preparedness Plan
8. Notice of Privacy Practices
9. Direct Deposit Form
10. Memorandum of Understanding (MOU) with a Federally Qualified Health Center (FQHC)
11. Top 5 Personnel
12. Certificate of Liability Insurance with copies of LSFHS (***Lutheran Services Florida, Inc. d/b/a LSF Health Systems, LLC, 9428 Baymeadows Road, Bldg. III, Suite 320, Jacksonville, Florida 32256***) and DCF (***Florida Department of Children & Families 5920 Arlington Expressway, Jacksonville, Florida 32211***) as certificate holders covering the following:
  - i. Comprehensive Liability Insurance - At least \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000
  - ii. Professional Liability Insurance - At least \$300,000 per occurrence with a minimal annual
  - iii. Automobile Liability Insurance - At least \$300,000 per occurrence with a minimal annual aggregate of no less than \$1,000,000

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Signature

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Date