EXHIBIT C2 - REQUIRED REPORTS

Required for All Network Service Providers

Administrative Documents	Due Date:	# of Copies:	Send to:
Projected Operating and Capital Budget (Template C),Personnel Detail (Template D), Agency Capacity Report (Template E)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Signature Authority	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Program Descriptions - Service Activity Descriptions for each service (Template F)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Copy of License - for each service which requires a license	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Copy of Accreditation Certificate (if any)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Copy of Accreditation Survey (if any)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
W-9 Form through the DFS website - http://flvendor.myfloridacfo.com	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Suspension and Debarment Forms	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Vendor Certification of Scrutinized Vendors (if contract over $1,000,000)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Florida Department of Children and Families Employment Screening Affidavit	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Subrecipient Contractor Determination	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
CF 1123_Lobbying	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
501 (c)(3) Determination Letter from the IRS	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Facility Registration Form	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Resource Access Request	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Affidavit Of Compliance with Employment Eligibility Requirements	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Federal or Non-Federal Indirect Cost Rate Agreement if any from grants/contracts	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Proof of Application to the DCF Background Clearinghouse (OCA Request Form for appropriate agency/screening type depending on anticipated funding type – MH/SA)	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners
Administrative Document Attestation Form	Prior to contract assembly, within 14 days after a change occurs, or upon request	1	Carisk Partners

Organizational Chart / Table of Organization	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Carisk Partners
List of Board Members - with position and contact information	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Carisk Partners
List of Service Sites - with address, contact information, and services provided	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Carisk Partners
List of Management/Director Staff - with contact information	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Carisk Partners
Actual Expenses and Revenues Schedule (Template C-1)	After receipt of final fiscal year Post Award Notice (PAN), annually, or upon request	1	Carisk Partners
Emergency Preparedness Plan	Within 30 days of contract execution and annually within 30 days of the fiscal year, or within 14 days after a change occurs, or upon request	1	Carisk Partners
Sliding Fee Scale - reflecting the uniform schedule of discounts referenced in Rule 65E-14.018(4), Florida Administrative Code	Within 30 days of contract execution and annually by March, or upon request	1	Carisk Partners
HIPAA Training Attestation	Annually when the DCF Training Module is updated or upon request	1	Cognito
Security Awareness Training Attestation	Annually when the DCF Training Module is updated or upon request	1	Cognito
DEI Attestation	Within 30 days of contract execution and annually by March, or upon request	1	Carisk Partners
Notice of Privacy Practices	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Carisk Partners
Complaint and Grievance Procedure	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Carisk Partners
Certificate of Liability Insurance - with copies of LSFHS and DCF as certificate holders	Within 30 days before contract execution and annually upon renewal, or upon request	1	Carisk Partners
Direct Deposit Form	Within 30 days of contract execution, within 14 days after a change occurs, or upon request	1	Carisk Partners
PUR 1355	Within 30 days of contract execution, within 14 days after a change occurs, or upon request	1	Carisk Partners
Top 5 Paid Personnel	Within 30 days of contract execution and annually within 30 days of the fiscal year, or upon request	1	Carisk Partners
Reports	**Due Date:**	**# of Copies:**	**Send to:**
Monthly Invoice Data Required by the DCF Data System Guidelines and for Invoice Payment	Monthly, by the 8th of the month following service delivery	2	Carisk Partners
Local Match Report (Template J)	Upon request	1	Carisk Partners
Incident Report	Within 24 hours of occurrence	1	IRAS

Civil Rights Compliance Checklist (for 15+ employees only)	Annually, by July 10th	1	Carisk Partners
Record Transition Plan	30 days prior to termination or transition of program services or 90 days prior to contract expiration	1	Carisk Partners
National Voter Registration Act Report of Activities	Quarterly, by the 5th of each month	1	Carisk Partners
Audit Schedules (for client non-specific unit cost performance contracts) - Schedule of State Earnings - Schedule of Related Party Transaction Adjustments - Program/Cost Center Actual Expenses and - Revenues Schedule of Bed-Day Availability Payments	Within 180 days after the end of the provider's fiscal year or within thirty (30) days (Federal) or forty-five (45) days (State) of the recipient's receipt of the audit report, whichever occurs first.	As directed in Attachment I	Carisk Partners and as directed in Attachment I
Miscellaneous	**Due Date:**	**# of Copies:**	**Send to:**
Memorandum of Understanding (MOU) with an appropriate Federally Qualified Health Center (FQHC), publically funded medical clinic, or tax-assisted hospital	Within 90 days of contract execution, within 14 days after a change occurs, or upon request	1	Carisk Partners
Response to Monitoring Reports and Corrective Action Plans	Within 15 days of receipt of request	1	Carisk Partners

Required for Network Service Providers with Additional Programs (if applicable)

ID 4 - Auxiliary Aid Service Record for Deaf and Hard of Hearing (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Auxiliary Aid Service Record for Deaf and Hard of Hearing/Health and Human Services Summary Report	Monthly, by the 5th business day of the month to the Department's ADA coordinator and by the 8th of the month to the Network Manager	1	Electronically through the Regional SAMH Program Office website and a copy of the email confirmation and report to Carisk Partners
Auxiliary Aid Service Record for Deaf and Hard of Hearing/Health and Human Services Summary Report Confirmation Email	Monthly, by the 5th business day of the month to the Department's ADA coordinator and by the 8th of the month to the Network Manager	1	Electronically through the Regional SAMH Program Office website and a copy of the email confirmation and report to Carisk Partners
ID 7 - Outpatient Forensic Mental Health Services (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 22 - Forensic Conditional Release	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 23 - Forensic Diversion Data	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 33 - Community Forensic Beds (applies to Dayspring Village, Inc. and LifeStream Behavioral Center, Inc. only)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
SMART Census (applies to EPIC Community Services, Inc.)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 15 - Prevention Partnership Grant (PPG) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Program Status Report	Quarterly, by the 8th of the month	1	Carisk Partners
Financial Report – Expenditure Reconciliation	Quarterly, by the 8th of the month	1	Carisk Partners
Prevention Services and Prevention Partnership Grants (PPG) Supplementary Guidance	Within 30 days of the initial PPG cycle	1	Carisk Partners

ID 16 - Integration with Child Welfare - Family Treatment Coordinator (FTC) (formerly FIS) (if applicable)	Due Date:	# of Copies:	Send to:
Monthly FTC Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 18 - Behavioral Health Network (Bnet) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Statement of Program Cost	August 1 following close of the contract year	1	Carisk Partners
Template 7 BNet Alternative Services	Monthly, by the 8th of the month following service or medication provision	1	Encrypted to Carisk Partners and DCF Operations Unit/Bnet
ID 20 - Florida Assertive Community Treatment (FACT) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 29 - FACT Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly Census Worksheet	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
FACT Enhancement Reconciliation Report	Quarterly, by the 8th of each month	1	Carisk Partners
Vacant Position(s) Report	As vacancies occur	1	Carisk Partners
FACT/Disability Rights Florida Mental Health Transitional Voucher Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
FACT Referral Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Outcome Measure Data Collection Tool	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 22 - Crisis Respite Services (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Adult Respite Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template R - Respite Extension Request Form	Any time when requesting an extension for respite	1	Carisk Partners
ID 23 - Women's Special Funding Substance Abuse Services for Pregnant Women and Mothers (formerly PPW) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Women's Special Funding Substance Abuse Services for Pregnant Women and Mothers (formerly PPW) Reporting Template	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 24 - Projects for Assistance in Transition from Homelessness (PATH) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
PATH Intented Use Plan	As required by DCF or SAMHSA Office	1	Carisk Partners
PATH Intented Use Plan Budget	As required by DCF or SAMHSA Office	1	Carisk Partners
PATH Annual Report	Annually, by the 1st of November	1	https://www.pathpdx.org/ Website or as directed by the Managing Entity
PATH Quarterly Housed Report	Quarterly, by the 8th of the month	1	Carisk Partners
PATH Incidental Expenses Summary Report	Monthly, by the 8th of the month following service delivery	1	Network Manager and Housing Department
ID 25 - Indigent Psychiatric Medication Program, known as the Indigent Drug Program (IDP) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Persons Served	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 27 - National Voter Registration Act (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
NVRA Report	Quarterly, by the 5th of the month	1	Carisk Partners
ID 28 - Family Intensive Treatment (FIT) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**

FIT Reporting Template	Monthly, by the 8th of the month following service delivery	1	Submit to Access database and export the data to Carisk Partners
ID 30 - Family Service Planning Team (FSPT) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
FSPT Monthly Tracking Report (Appendix C)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
The Children's Mental Health Care Coordination Program Quarterly Progress Report (Appendix I)	Quarterly, by the 8th of each month	1	Carisk Partners
FSPT Monthly Purchase of Services (Appendix K)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
FSPT Persons Served and Performance Measure Report (Appendix L)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 31 - Care Coordination (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Care Coordination Spreadsheet	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Children's Care Coordination Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 33 - Central Receiving System (CRS) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
CRS Performance Measures Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 34 - SAMH Vouchers (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Transitional Voucher Purchase Request Form (Exhibit A to Incorporated Document 34)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 34 - Disability Rights Vouchers (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Transitional Voucher Purchase Request Form (Exhibit A to Incorporated Document 34)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Graduation/Transition Assessment Scale (Exhibit B to Incorporated Document 34)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 35 - State Opioid Reponse (SOR) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 34 – Activity Report (1. Activity Report tab) (DCF Template)	Monthly, by the 8th of the month following service delivery, or upon request	1	Carisk Partners
Template 34 – SOR Reports (2. Bridge – Report tab) (Hospital and Jail Bridge Programs) (DCF Template)	Monthly, by the 8th of the month following service delivery, or upon request	1	Carisk Partners
Template 34 – SOR Reports (3. RCO – Report tab) (DCF Template)	Monthly, by the 8th of the month following service delivery, or upon request	1	Carisk Partners
ID 37 - Supported Employment (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Supported Employment Tracking Sheet	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Quarterly Supplemental Data (pending DCF's Template)	Quarterly, by the 8th of each month	1	Carisk Partners
ID 38 - Juvenile Incompetent to Proceed (JITP) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
JITP Monthly Tracker	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 39 - Co-Responder Program (CoR) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
CoR Program Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners

ID 40 - Community Action Treatment (CAT) Team for Ages 0-10 (if applicable) (CAT Tier 3 Variation)	Due Date:	# of Copies:	Send to:
CAT Provider Summary Spreadsheet Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Appendix 1 - Persons Served and Performance Measure Report - (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Appendix 2 - Quarterly Supplemental Data Report (DCF Template)	Quarterly, by the 8th of the month	1	Carisk Partners
Waitlist Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly CAT Census Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly Program Staffing Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 42 - Community Action Treatment (CAT) Team (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
CAT Provider Summary Spreadsheet	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Appendix 1 - Persons Served and Performance Measure Report - (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Appendix 2 - Quarterly Supplemental Data Report (DCF Template)	Quarterly, by the 8th of each month	1	Carisk Partners
Appendix 3 - CAT Return on Investment Quarterly Report (DCF Template)	Quarterly, by the 8th of each month	1	Carisk Partners
Waitlist Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly CAT Census Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly Program Staffing Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 43 - Mobile Response Team (MRT) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Monthly Data Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners - MRT Module
Monthly Program Staffing Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Memorandum of Understanding (MOU) with each county stakeholder (must include law enforcement and school superintendents)	Initially on January 1, 2019, and when revisions to or new MOUs are executed thereafter	1	Carisk Partners
Monthly Outreach Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 44 - Forensic Multidisciplinary Teams (FMT) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 25 - Forensic Multidisciplinary Team Report (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Vacant Position(s) Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 46 - First Episode Psychosis (FEP)/Early Psychosis Intervention & Care (EPIC) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
First Episode Psychosis Monthly Services Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
First Episode Psychosis Monthly Demographics Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 48 - Family Well-being Treatment Team (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**

FIT Lite Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 40 - Family Well-being Treatment Program Quarterly Report (DCF Template)	Quarterly, by the 8th of the month	1	Carisk Partners
ID 49 - Intermediate Level FACT (FACT IL) Team Model (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 39 - Intermediate Level FACT Quarterly Report (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Outcome Measures	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly Census Worksheet	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Vacant Position(s) Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 50 - Family First Prevention Services Act (FFPSA) Teams (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Appendix 1 - Persons Served and Performance Measure Report - (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Appendix 2 - Quarterly Supplemental Data Report (DCF Template)	Quarterly, by the 8th of the month	1	Carisk Partners
Waitlist Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly Census Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 51 - 988 Florida Lifeline (988 FL) (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
988 Monthly Report (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Monthly center-specific metrics Report (Vibrant Report)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 55 - Children Respite Services (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Respite Persons Serviced and Performance Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 56 - Bridge Programs (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Bridge Monthly Report (Hospital and Jail Bridge Programs) - Template 34 (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 58 - Children's Short-term Residential Treatment (SRT) Program (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Referral Packet	As referral is made	1	Carisk Partners
Template M3 - Continue Stay Request Form	At least 15 days prior to the expiration of the 90-day period, as needed	1	Carisk Partners
Performance Metrics Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Outreach Activities Report	Quarterly, by the 8th of the month	1	Carisk Partners

ID 59 - Building First Responder Resiliency: First Responder Regional Supports (if applicable)	Due Date:	# of Copies:	Send to:
Peer Navigation Monthly Service Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
ID 61 - Behavioral Health Consultants (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Template 34 – SOR Reports (4. BHC – Summary and BHC - Tracking Log tabs) (Behavioral Health Consultant) (DCF Template)	Monthly, by the 8th of the month following service delivery, or upon request	1	Carisk Partners
Special Attachment - Community Crisis Prevention Team (CCPT)(CBHConly)	**Due Date:**	**# of Copies:**	**Send to:**
Vacant Position Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Adult Respite Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 30 – Proviso Project Return on Investment Report	Quarterly, by the 8th of the month	1	Carisk Partners
Special Attachment - Child Welfare and Family Well-being Substance Use Disorder Treatment Tream (SMA only)	**Due Date:**	**# of Copies:**	**Send to:**
SUD Treatment Team Report	Monthly, by the 8th of the month	1	Carisk Partners
Ad Hoc Reports	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Special Attachment - Coordinated Opioid Recovery (CORE) Network of Addiction Care (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
CORE Network Quarterly Narrative Report	Quarterly, by the 8th of the month	1	Carisk Partners
Receiving Clinic Quarterly Data	Quarterly, by the 8th of the month	1	Carisk Partners
Expenditure Reconciliation Report (Template O)	Quarterly, by the 8th of the month	1	Carisk Partners
Special Attachment - Family Services Treatment Team (FSTT) (SPBH only)	**Due Date:**	**# of Copies:**	**Send to:**
FSTT Monthly Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Special Attachment - Forensic Residential Treatment Facility (RTF) (LBC only)	**Due Date:**	**# of Copies:**	**Send to:**
Forensic RTF Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 33 - Community Forensic Beds (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Florida Opioid Allocation and Statewide Response Agreement (Opioid Settlement) – Non-Qualified County (NQC) Funds (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Expenditure Reconciliation Report (Template O)	Quarterly, by the 8th of the month	1	Carisk Partners
Special Attachment - State Mental Health Treatment Facility (SMHTF) Transitional Program (AHNF, DSV, GCJFCS,UJ only)	**Due Date:**	**# of Copies:**	**Send to:**
SMHTF Transitional Program Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Occupancy Report	Weekly, by COB Wednesday	1	Carisk Partners
Template 33 - Community Forensic Beds (DCF Template)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners

EXHIBIT C2 - REQUIRED REPORTS

Special Attachment - Transitional Beds (LBC only)	Due Date:	# of Copies:	Send to:
Census Report (Exhibit A to Transitional Beds Attachment)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Screening Report (Exhibit B to Transitional Beds Attachment)	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Occupancy Report (Exhibit C to Transitional Beds Attachment)	Weekly, Monday by noon	1	Carisk Partners
SMHTF Transitional Program Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Special Attachment - Williams Manor Residential Treatment Facility (MBH only)	**Due Date:**	**# of Copies:**	**Send to:**
Transitional Program Report	Monthly, by the 8th of the month following service delive	1	Carisk Partners
Special Attachment - Marion County Law Enforcement Co-Responder Program (MSS only)	**Due Date:**	**# of Copies:**	**Send to:**
Marion Senior Services Monthly Narrative Report	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Template 30 – Proviso Project Return on Investment Report	Quarterly, by the 8th of the month	1	Carisk Partners
Template 36 - ME Sustainability Plan	Annually, by August 25th	1	Carisk Partners
Proviso Project (if applicable)	**Due Date:**	**# of Copies:**	**Send to:**
Expenditure Reconciliation Report (Template O)	Quarterly, by the 8th of the month	1	Carisk Partners
Template 30 – Proviso Project Return on Investment Report	Quarterly, by the 8th of the month	1	Carisk Partners
Template 36 - ME Sustainability Plan	Annually, by August 25th	1	Carisk Partners
Ad Hoc Reports	Monthly, by the 8th of the month following service delivery	1	Carisk Partners
Fixed Rate Programs (if not already mentioned above)	**Due Date:**	**# of Copies:**	**Send to:**
Template O – Expenditure Reconciliation Report	Quarterly, by the 8th of the month	1	Carisk Partners
Programs in Start-up Phase	**Due Date:**	**# of Copies:**	**Send to:**
Template P – Cost Reimbursement Template – Part 1 Template P – Cost Reimbursement Template – Part 2	Monthly, by the 8th of the month following service delivery	1	Carisk Partners

All Network Service Providers are subject to Ad Hoc and additional reporting as determined necessary by LSF Health Systems or the Florida Department of Children and Families.