

I. IDENTIFYING DATA

Instructions

Enter the name and address of the Fiscal Intermediary.

Enter the name of the person who is assigned to provide additional information regarding the application.

The authorizing signature can only be the Director or responsible signatory for the Fiscal Intermediary.

THE INDIVIDUAL DELEGATED AUTHORITY BY THE APPLICANT TO SUBMIT THE APPLICATION MUST SIGN THIS PAGE.

Name of FI: \_\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Telephone: \_\_\_\_\_ FIMMISID\*: \_\_\_\_\_

\*j If MMIS# has not yet been received, proof of application for MMIS# must be included

Name of Person to Contact for Additional Information: \_\_\_\_\_

Address: \_\_\_\_\_

STREET

CITY

STATE

ZIP

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authorizing Signature

I, the undersigned, hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto, is accurate, true and complete in all material aspects.

Name (print or type): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

## II. PROGRAM PARTICIPATION QUALIFICATIONS

Please be advised that only FI's that have an MMIS Provider ID number assigned will qualify.

The following questions must be answered as part of the application

1. How many CDPA workers are employed through your FI? \_\_\_\_\_
2. How many of those CDPA workers worked more than 40 hours per week in any week from 4/1/15 to 6/30/15? \_\_\_\_\_
3. What is the total number of overtime hours worked by those CDPA workers from 4/1/15 to 6/30/15?  
\_\_\_\_\_
4. What is the weighted hourly rate paid to those CDPA workers in that quarter? \_\_\_\_\_

Please weight based on the number of workers who work overtime. For example, you have 100 workers with overtime hours and 90 of them are in County A and 10 of them are in County B. If the rates are \$11.00 in County A and \$12.00 in County B, then the weighted average would be \$11.10.

5. Please attach your overtime policy or a summary as applicable.