



STATE ADOPTION UNIT: ADOPTION SERVICES FISCAL YEAR 21 APPLICANTS ORGANIZATIONAL CHART

Applicant must provide an Organizational Table disclosing all staff to be assigned to any resulting contract within their agency who is responsible for providing Adoption Services. Please indicate which staff documents are included.

**DFCS Review
Decision**

**Date of Review
Decision**

**DFCS Comments
(Pending or Denial)**

Employee / Subcontractor Name	Owner, Employee or Subcontractor	Level of Education/ Degree	DHS OIG Clearance Letter (insert date +	Resume	List Sub- Contract ors Insurances			

