

**New Contract Submission**  
**Government-to-Government**  
PPRB OPSCR Rules and Regulations Chapter 11

Agency \_\_\_\_\_

Contractor \_\_\_\_\_

Period of Performance \_\_\_\_\_

Spending Authority Requested \_\_\_\_\_

**Projected Contract Lifecycle and Budget**

Contract Term	Start Date	End Date	Projected Budget

List the initial term and all renewal periods in the Contract Term column. For example, if you are submitting a three year contract with two optional one year renewals, you would list “Initial Term”; “Renewal Year 1”; “Renewal Year 2”. List the anticipated start and end date of each period and the amount the Agency anticipates it will spend in each period. If the Contract is for more than 5 years, provide the Agency’s authority to enter a contract for a term longer than allowed five years pursuant to Section 14.3.1 and any additional information in the **Notes** section below and provide all supporting documentation.

Contract Number \_\_\_\_\_

Other Associated Numbers in MAGIC \_\_\_\_\_

Notes (any comments or information you want to provide to OPSCR)

**Agency Head Determination**  
Section 11.2

The Agency Head signed a written determination	Yes	No
The determination states the services meet the Agency's requirements	Yes	No
The determination states the price represents fair market value (FMV)	Yes	No
Agency provided documentation that price represents FMV	Yes	No

**Contract**  
Chapter 14, Appendix E

Provide the contract page number for the following contract requirements:

- \_\_\_\_\_ the service to be performed/deliverables to be provided
- \_\_\_\_\_ period of performance
- \_\_\_\_\_ cost of services (fixed-price; cost reimbursement, etc)
- \_\_\_\_\_ insurance and/or bonding requirements
- \_\_\_\_\_ price adjustment language

State the page number in the ontract where the following required clauses are located

- \_\_\_\_\_ Applicable Law Clause
- \_\_\_\_\_ Approval Clause
- \_\_\_\_\_ Availability of Funds Clause
- \_\_\_\_\_ Compliance with Equal Opportunity in Employment Policy Clause
- \_\_\_\_\_ Compliance with Laws Clause
- \_\_\_\_\_ E-Payment Clause
- \_\_\_\_\_ E-Verification Clause
- \_\_\_\_\_ No Limitation of Liability
- \_\_\_\_\_ Paymode Clause
- \_\_\_\_\_ Procurement Regulations Clause
- \_\_\_\_\_ Property Rights Clause
- \_\_\_\_\_ Representation Regarding Contingent Fees Clause
- \_\_\_\_\_ Representation Regarding Gratuities Clause
- \_\_\_\_\_ Required Public Records and Transparency Clause
- \_\_\_\_\_ Stop Work Order Clause
- \_\_\_\_\_ Termination Clause

**Contract Approval**

Sections 1.2.1, 1.2.2, 11.2.2, and 14.8

Date Submitted to OPSCR \_\_\_\_\_

New Contract Submission  
Governmental Entities Not Under PPRB Purview

<p>Requested PPRB Meeting Date _____</p> <p>Contract Effective Date* _____</p> <p><small>*The Contract Effective Date cannot be prior to the PPRB Meeting Date.</small></p>										
<p>The contract requires regulatory board approval (other than PPRB) Yes      No</p> <p>Board _____</p> <p>Expected Board Meeting Date _____</p> <p><small>A copy of the Minutes showing the Regulatory Board approved the contract is required before final approval.</small></p>										
<p>Insurance Requirements in contract (type of insurance <u>and</u> amount):</p> <table style="width: 100%;"><tr><td style="border-bottom: 1px solid black; width: 60%;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black; text-align: right;">\$</td></tr></table>		\$		\$		\$		\$		\$
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<p>Does the contract require the Agency to be listed as an Additional Insured? Yes      No</p> <p><small>A current Certificate of Insurance reflecting the required coverage must be submitted to OPSCR.</small></p>										
<p>What is the funding source for this contract?</p> <p>_____ % State General Funds</p> <p>_____ % Federal Funds</p> <p>_____ % Grant Funds (describe Grant) _____</p> <p>_____ % Other (describe) _____</p>										
<p>Did the agency submit the procurement to OPSCR for a compliance review as described in Section 1.2.3 during the procurement process? Yes      No</p> <p><small>If yes, all communication with OPSCR during the compliance review regarding the review shall be submitted with the contract.</small></p>										
<p>Was there a conflict between the procurement requirements of the funding source and the PPRB OPSCR Rules and Regulations? Yes      No</p>										
<p>Did the agency take any specific action to preserve the procurement? Yes      No</p> <p><small>If yes, the memorandum required by Section 1.4.8.1 shall be submitted to OPSCR.</small></p>										
<p>Did the Agency make decision(s) during the procurement process implicating the principles of competition, fairness, and transparency? Yes      No</p> <p><small>If so, explain the facts underlying the decision and the legitimate business purpose supporting the agency's decision.</small></p> <div style="height: 150px; border: 1px solid black; margin-top: 10px;"></div>										

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Has the Agency Head delegated authority to a designee to execute the contract? Yes      No	
If yes, the memorandum required by Section 14.9 shall be submitted to OPSCR.	
Are these services currently being provided to the Agency? Yes      No	
If yes, who is currently providing the services?	
Agency Representative for PPRB Meeting _____	
Email Address _____	Telephone Number _____

Responsible Agency Official \_\_\_\_\_ Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

By signing below, I certify that all information provided herein and/or uploaded to MAGIC is true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<u>OPSCR USE ONLY</u>	
Primary Analyst _____	Signature _____
Secondary Analyst _____	Signature _____
NOTES	