

New Contract Submission
Preapproved Vendor List (for PVLs approved after 9/6/2024)
PPRB OPSCR Rules and Regulations Section 8.2

Agency _____

Contractor _____

PVL Service Category _____ PVL IFB Number _____

Contract Term _____ Last Renewal Date _____

Contract Total Amount _____ Contract Number _____

Region(s) _____

Contract Chapter 14, Appendix E
<p>Did the Agency use the PVL contract template on the DFA website? Yes No</p> <p><small>A redline version of the template must be submitted with the final contract if the Agency makes changes to the template.</small></p>
<p style="text-align: center;">If the Agency did <u>not</u> use the PVL contract template, provide the information below.</p> <p style="text-align: center;"><small>Agencies who used the contract template can move on to Contract Approval.</small></p>
<p>List the contract page number for the following contract requirements</p> <ul style="list-style-type: none">_____ the service to be performed_____ when the service is to be performed_____ how frequently the service is to be performed_____ where the service is to be performed_____ how much the service will cost and the unit price for each service_____ that the unit price shall remain the same throughout the contract_____ why the service is necessary_____ price adjustment clause (if applicable in IFB)
<p>The scope of work is on contract page _____ and reflects the PVL scope. Yes No</p>
<p>The pricing is listed on contract page _____ and reflects the PVL pricing. Yes No</p> <p>How did the Agency determine the contract not-to-exceed amount?</p>
<p>List the page number in the Contract where the following required clauses are located</p> <ul style="list-style-type: none">_____ 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 Clause
- ☐ Paymode Clause
- ☐ Procurement Regulations Clause
- ☐ Property Rights Clause
- ☐ Stop Work Order
- ☐ Representation Regarding Contingent Fees Clause
- ☐ Representation Regarding Gratuities Clause
- ☐ Required Public Records and Transparency Clause
- ☐ Stop Work Order Clause
- ☐ Termination Clause

Agencies are encouraged to review the optional clauses in Appendix E of the PPRB OPSCR Rules and Regulations to determine if including any such clauses in their contract would be in the Agency's best interests.

Contract Approval

Sections 1.2.1, 1.2.2, 8.2, and 14.8

The contract requires regulatory board approval (other than PPRB) Yes No

Board _____

Expected Board Meeting Date _____

A copy of the Minutes showing the Regulatory Board approved the contract is required before final approval.

Contractor is qualified to do business in the State per Miss. Code §79-4-15.01? Yes No

Provide documentation of registration and good standing with the Mississippi Secretary of State.

Insurance Requirements (type of insurance and amount)

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Is the State or Agency required to be an Additional Insured? Yes No

Contract Clause with Insurance Requirements _____

The insurance requirements in the IFB must be contained in the contract.

A current Certificate of Insurance reflecting the required coverage must be submitted to OPSCR.

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What is the funding source for this contract?

_____ % State General Funds

_____ % Federal Funds

_____ % Grant Funds (describe) _____

_____ % Other (describe) _____

Are these services currently being provided to the Agency? Yes No

If yes, who is currently providing the services?

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 _____

Check if Uploaded	Documents to Upload in MAGIC	Publicly Available
	Executed Contract	Yes
	Public Notice of Contract Award per Section 14.10	Yes

OPSCR USE ONLY

Primary Analyst _____ Signature _____

Secondary Analyst _____ Signature _____