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| STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION - Form AA-14 (February 9, 2024) |
| Note: All sections must be completed. Incomplete forms will be returned to the originating department. |
| I. CONTRACT INFORMATION:  |
| Agency/Department: |      /       | Contract #:       | Amendment #:      |
| Vendor Name: |       | VISION Vendor No:       |
| Vendor Address: |       |
| Starting Date: |       | Ending Date: |       | Amendment Date:       |
| Summary of agreement or amendment:        |
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| II. FINANCIAL & ACCOUNTING INFORMATION |
| Maximum Payable: | $      |  Prior Maximum: |  $       | Prior Contract # (If Renewal): |       |
| Current Amendment: | $      |  Cumulative amendments: | $       | % Cumulative Change: |       % |
| Business Unit(s):      ;      ;       - [notes:      ] | VISION Account(s):      ;       |
| EstimatedFunding Split: |       % GF      % TF |       % SF       % GC  |  |       % EF      % FF  |       % Other      (name)  |
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| III. PROCUREMENT & PERFORMANCE INFORMATION |
| 1. Identify applicable procurement process utilized. Additional detail if applicable.
 |
| [ ] Standard Bid/RFP [ ]  Simplified [ ]  Sole Source (See B.) | [ ] Qualification Based Selection [ ]  Statutory |
| 1. If Sole Source Contract, contract form includes self-certification language? [ ] Yes [ ]  N/A
 |
| 1. Contract includes **performance measures/guarantees** to ensure the quality and/or results of the service? [ ] Yes [ ]  No
 |
| IV. TYPE OF AGREEMENT (select all that apply) |
| [ ] Service [ ] Commodity | [ ] Construction [ ]  Arch/Eng. [ ] Marketing [ ]  Info. Tech. [ ] Prof. Service [ ]  Personal Service[ ] Retiree/Former SOV EE [ ]  Financial Trans [ ]  Zero-Dollar [ ]  Privatization [ ]  Other |
| V. SUITABILITY FOR CONTRACT FOR SERVICE |
| [ ] Yes | [ ] No | [ ] N/A | Does this contract meet the determination of an Independent Contractor? If “NO”, then consult with the Department of Human Resources for guidance. |
| VI. CONTRACTING PLAN APPLICABLE |
| Is any element of this contract subject to a pre-approved Agency/Department Contracting Waiver Plan? [ ]  Yes [ ]  No |
| VII. CONFLICT OF INTEREST |
| By signing below, I (Agency/Department Head) certify that no person able to control or influence award of this contract had a pecuniary interest in its award or performance, either personally or through a member of his or her household, family, or business. |
| [ ]  Yes | [ ]  No | Is there an “appearance” of a conflict of interest so that a reasonable person may conclude that this party was selected for improper reasons: (If yes, explain)       |
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| VIII. PRIOR APPROVALS REQUIRED OR REQUESTED |
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| [ ]  Yes | [ ]  No | Is this a Contract for Services valued at $25,000 or more per year? If yes, attach AGO Certification Form. |
| [ ]  Yes | [ ]  No | Attorney General review As To Form is required ($25,000 and above) or otherwise requested. |
| [ ]  Yes | [ ]  No | Agreement must be approved by the Secretary of ADS/CIO. |
| [ ]  Yes | [ ]  No | Agreement includes marketing services and CMO sent copy of contract. If / when marketing services exceed $25,000 CMO must approve contract. **CMO Approved:** \_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | Chief Information Security Officer (CISO) approval required for modification of Attachment C.12 use/protection of state information. **CISO Approved:** \_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | Auditor approval required for modification of Attachment C.13 audit clause. **AUDITOR Approved:** \_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | Risk Management approval required for modification of Attachment C.8 insurance clause. **RISK Approved:** \_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | Is this a Contract for Legal Services? If yes, attach AGO 17.10 Approval Form. |
| [ ]  Yes | [ ]  No | Agreement must be approved by Commissioner of Human Resources: for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test. **DHR Approved:** \_\_\_\_\_\_\_ |
| [ ]  Yes | [ ]  No | Agreement must be approved by the Secretary of Administration. |
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| IX. AGENCY/DEPARTMENT HEAD CERTIFICATION; APPROVAL |
| I have made reasonable inquiry as to the accuracy of the above information (sign in order): |
| 1-Date | 1-Appointing Authority | 1a-Date | Agency Secretary (if applicable) |
|  |  |  |  |
| 2-Date | 2-Secretary of ADS/CIO |  | Additional Approvers below if required by Agency process |
|  |  |  |  |
| 3-Date | 3-AGO Approval |  |  |
|  |  |  |  |
| 4-Date | 4-Secretary of Administration |  |  |
|  |  |  |  |