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| **STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION - - - - - - - - - - - Form AA-14 (12/12/2018)** |
| **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:**        |
|  |
| **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)  |
|  |
| **III. PROCUREMENT & PERFORMANCE INFORMATION** |
|  |
| 1. Identify applicable procurement process utilized.
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|  |
| [ ]  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) |
| [ ]  Personal Service[ ]  Non-Personal Service [ ]  Commodity | [ ]  Construction [ ]  Arch/Eng. [ ]  Marketing [ ]  Info. Tech. [ ]  Prof. 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”, the contractor must be set up and paid on payroll through the VTHR system. |
| **VI. CONTRACTING PLAN APPLICABLE** |
| Is any element of this contract subject to a pre-approved Agency/Dept. Contracting Waiver Plan? [ ]  Yes [ ]  No |
| **VII. CONFLICT OF INTEREST** |
|  |
| By signing below, I (Agency/Dept. 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)       |
|  |
| **VIII. PRIOR APPROVALS REQUIRED OR REQUESTED** |
|  |
| [ ]  Yes | [ ]  No | Agreement must be Certified by the Attorney General under 3 V.S.A. § 342 (sign line #4 below) |
| [ ]  Yes | [ ]  No | Attorney General review As To Form is required ($25,000 and above) or otherwise requested: (AAG initial) |
| [ ]  Yes | [ ]  No | Agreement must be approved by the Secretary of ADS/CIO |
| [ ]  Yes | [ ]  No | Agreement must be approved by the CMO: for Marketing services over $25,000 |
| [ ]  Yes | [ ]  No | Agreement must be approved by Comm. Human Resources: for Privatization, Retirees, Former Employees, & if a Contract fails the IRS test. |
| [ ]  Yes | [ ]  No | Agreement must be approved by the Secretary of Administration |
|  |
| **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-Agency/Department Head** | **2-Date** | **2-Agency Secretary (if required)** |
|  |  |  |  |  |  |
| **3a-Date** | **3a-CIO** | **3b-Date** | **3b-CMO** | **3c-Date** | **3c-Commissioner DHR** |
|  |  |  |  |
| **4-Date** | **4-Attorney General** | **5-Date** | **5-Secretary of Administration** |