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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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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):** **;** | | | | | | | | | | |
| Estimated  Funding Split: | | | | % GF        % TF | | | | | | % SF        % GC | | | |  | | | | | % EF        % FF | | | | | | | % Other        (name) | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III. PROCUREMENT & PERFORMANCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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):* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | |