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| **STATE OF VERMONT CONTRACT SUMMARY AND CERTIFICATION - - - - - - - - - - - Form AA-14 (12/15/2017)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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):** **;** | | | | | | | | | | | | |
| Estimated  Funding Split: | | | | % GF        % TF | | | | | | % SF        % GC | | | |  | | | | % EF        % FF | | | | | | | % Other        (name) | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **III. PROCUREMENT & PERFORMANCE INFORMATION** (section A & B) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. The agency has taken reasonable steps to control the price of the contract and to allow qualified organizations to compete for the work authorized by this contract. The agency has done this through: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standard Bid/RFP | | | | | | Simplified | | | | | | Sole Source | | | | | Qualification Based Selection | | | | | | | | | Statutory | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 or 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** | | | | | | | | | |