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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: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| VIII. PRIOR APPROVALS REQUIRED OR REQUESTED | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | |  | |  | | | | | | | |
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