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|  | DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)  **Pre-Contract Action Request (P-CAR)** | | | | **Contract Pre-Screening Tool**  **(OFM Requirement per DCYF Audit 2004)** | |
| **Contract Unit Use Only** | |
| 1. PERSON MAKING REQUEST DATE | | | | | Date Received:  ACD Approval:  PM Notified:  CM:  Required Forms Received: | |
| 2. CONTRACTOR NAME CONTRACT NUMBER PROGRAM NUMBER | | | | |
| **Multiple contracts? Attach list with Contractor names and contract numbers.** | | | | |
| 3. CONTRACT INFORMATION  Urgent  New Contract  Amendment  Renewal | | | | | | |
| 4. CONTRACT TYPE  Client Service  Personal Service  Interlocal  Purchased Service  Other: | | | | | | |
| 5. INVOICE TYPE  A-19  SSPS | | 6. PAYMENT TYPE  Max Consideration  Fee for Service | | 7.  Contract Period:  Amendment Period: | | |
| 8. PROCUREMENT TYPE  None  Competitive  Sole Source  Procurement Number: | | | 9. REQUIRED BY STATUTE | | | 10. COST BENEFIT ANALYSIS COMPLETED  N/a  Yes; attach |
| 11. SERVICES NEEDED; BRIEFLY DESCRIBE | | | | | | |

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| **12. Account Coding for new contracts and amendments if additional funding is authorized** | | | | | | | | | | |
| FUND | APPN | PRG | SOBJ | SSOBJ | ORG | ALLOC | PROJECT | SPROJ | PROJPH | AMOUNT |
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| MAXIMUM CONSIDERATION  **$** | | | STATE FUNDS  **$** | | FEDERAL FUNDS  **$**  CFDA NO. | | | LOCAL FUNDS  **$** | | OTHER FUNDS  **$** |
| **No Federal Funds involved** | | | | | **If Federal Funds involved, Contractor is:**  **Vendor**  **Sub-recipient** | | | | | |
| **13. Headquarter Approvals Fiscal Manager’s initials:       and date:** | | | | | | | | | | |

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| FPED OFFICE CHIEF’S SIGNATURE DATE  Approved  Denied |
| FPED DIRECTOR’S SIGNATURE DATE  Approved  Denied |
| DEPUTY ASSISTANT SECRETARY’S SIGNATURE DATE  Approved  Denied |

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| **14. Contractor Forms Received, as applicable** |

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| Contractor Intake form OR  Contractor Update form  Intake requested license and business documentation  Background Checks  Contract Application and materials  W-9  Certificate of Insurance |

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| **Collective Bargaining Agreement**  **Analysis Checklist** |
| To assess your obligation to bargain, ask: YES NO  Has the work ever been performed by Union represented employees?  Has the work ever been performed by Union represented employees within your unit or facility?  Even if the work has never been, could the contract impact Union represented employees?  Is the contract for work historically performed by Union represented employees legislatively mandated or authorized prior to 07/01/2005?  Has work, historically performed by Union represented employees, been most recently performed by a vendor contract?  If yes, is the proposed new contract a different scope of work than that performed under the previous vendor contract?   * If any answers are yes, the contract will be reviewed for possible notification of the Union and you may be asked for clarification. * You will be kept informed of the process. * Reference: Decision Tree at Caoly3:S; Contract Tool Box, Contract Development Tools; Union Review:   **NOTE: Above checklist must be completed.** |
| APPROVAL SIGNATURE FROM OFFICE CHIEF OR DIRECTOR (OR DESIGNEE) DATE |
| PRINT NAME HERE |