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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 NOHas 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 legislativelymandated or authorized prior to 07/01/2005? [ ]  [ ] Has work, historically performed by Union represented employees, been most recently performedby a vendor contract? [ ]  [ ] If yes, is the proposed new contract a different scope of work than that performed under the previousvendor 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 |