

DHHS Contract Approval Form

Effective 3/26/18
(revised 3.23.18)

Contractor Name: Click or tap here to enter text.

Contractor Type: Choose an item.

Federal Tax ID or SSN # Click or tap here to enter text.

Group # Click or tap here to enter text.

DUNS#: Click or tap here to enter text.

Contract Administrator: Click or tap here to enter text.

Email: Click or tap here to enter text. **Telephone:** Click or tap here to enter text.

Contractor Signature Authority: Click or tap here to enter text.

Contract Purpose: Click or tap here to enter text.

Division Approvals

1. _____
Division Contract Administrator **Date** Telephone

6. _____
Budget Officer Signature _____ Date _____
 Funds Budgeted Funds Proposed
 Funds Proposed requires realignment BR# _____

2. _____
Section Chief Signature _____ Date _____

3. _____
Contract Manager/Office Signature _____ Date _____

4. _____
Division HR Signature, if required _____ Date _____

5. _____
Division ISO Signature, if required _____ Date _____

7. _____
Division Director Signature _____ Date _____

Comments:

Contracts print on PINK paper. Amendments print on BLUE paper.

Division Choose an item. **PO#** **for DPH Contracts use only**
enter text.

OW Contract# Click or tap here to enter text.

EBSS# **for DPH Contracts use only**

Contract Title: Click or tap here to enter text.

Service Name: Click or tap here to enter text.

Contracts Dates: Click or tap to enter a date. **to** Click or tap to enter a date.

Amended Contract Dates: Click or tap to enter a date. **to** Click or tap to enter a date.

Contract Type: FA or POS

Status: Choose an item. **Amd#** Click or tap here to enter text.

Sub Contract Choose an item. **HIPAA BA:** Choose an item.

IT Contract Choose an item. **How Procured** Choose an item.

Contract Total Value	\$ -
Amendment Amount:	\$ -
New Contract Total Value:	\$ -

Department Approvals

Budget & Analysis, if IT contract _____ Date _____

PIO Signature, if required _____ Date _____

HR Director Signature, if required _____ Date _____

DHHS ITD Signature, if required _____ Date _____

OPCS Final Approval Signature _____ Date _____

OPCS Tracking # _____



Contract Approval Form Instructions

NOTE: The intent of the revisions to the Contract Approval Form (CAF) should not change a Division's internal approval process. The items listed on the CAF are the key elements needed for the approval form of record.

(See next section for Contract Amendment Instructions.)

Purchase Order Number	Enter the Purchase Order Number from NCAS or E-Procurement (PO) for DPH Contracts use only
DHHS Contract #	Enter the Contract Number assigned by the DHHS Contract Component of DHHS Open Window.
Enterprise Business Service Agreement (EBSS) (formerly NC GRANTS) #	All state grants must be registered in OSBM's Enterprise Business Service system Enterprise Business Service System website, to successfully submit NCAS transactions. If the state grant has not been registered on the website, users will not be able to submit any payments using state grant funding to non-state entities. nongovernmental entities. for DPH Contracts use only
Division	Enter the Division or Office Name

Contractor Information

Contractor Name	Enter the official name of the Contractor. This should match the name established in Open Window for this entity
Contractor Type	Click arrow to view drop down box choices and click the appropriate organizational status of the Contractor. This should match the Contractor Type as designated in the official Contractor record in Open Window. 
Federal Tax ID No. or SSN	Enter the Contractor's Federal Tax Identification Number or for Services Contract with an individual, enter the Social Security Number.
DUNS Number	Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine-digit identification number required for contracts with federal funding source. 
Fiscal Year	Click appropriate choice to identify the Contractor's fiscal year. (Contractor's IRS audit cycle.) This does not necessarily coincide with the dates of the contract period.
Email	Enter the email address of the Contractor Administrator.
Telephone #	Enter the telephone number (area code) of the Contractor Administrator.
Contractor Signature Authority	Enter the name of the Contractor's Signature Authority, which is the person authorized to sign contracts.

Group #	Enter the Group number assigned in NCAS to the address to which the Contractor payments are made.
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Contract Information

Contract Title:	Enter the name/title of the contract.
Service Name	Enter the name of the Division’s Open Window service tied to the Fund/RCC funding selected.
Contract Dates	Choose the beginning and ending dates of the contract using the calendar drop-down.
Status	Click arrow to view choices. Click appropriate choice to enter if document to be processed is a new contract, renewal contract or an amendment.
Amendment Number	If processing an Amendment, enter the number of the amendment.
Contract Type	Choose type of contract by clicking the box beside financial assistance (FA) or purchase of service.
How Procured	Click arrow to view choices. Click appropriate choice to identify how the Contractor was selected.
Subcontract	Click arrow to view choices. Click appropriate choice to identify if any services are not being performed by the Contractor.
HIPAA BA	Click arrow to view choices. Click appropriate choice to identify if the contract constitutes a Business Associate Agreement (include appropriate documentation in contract package).
Previous Contract#	Enter the previous Contract Number assigned by the DHHS Contract System if applicable.
Information Technology Contract (IT)#	Choose whether the contract contains Information Technology components, such as hosting, operating, and/or maintaining any state data.
Contract Purpose	Enter purpose statement of what activity is to be performed/accomplished.
Contract Total Value	Enter the total amount of the contract.

APPROVALS FOR INTENT TO CONTRACT

Division Approvals

Signatures	Prior to the effective date, obtain all appropriate approvals
Contract Administrator/ Telephone	The Contract Administrator should sign and provide telephone number.

<p>Division Budget Office</p> <p>**The Division’s Budget Office signature indicates that the Division has consulted with the Department’s Division of Budget & Analysis before the contract is initiated. Budget & Analysis’ signature is no longer required, unless the contract is IT. ***</p>	<p>The Division Budget Officer determines if the proposed funding is available, if the funding has appropriate obligations/spending periods, and if proposed uses are allowable.</p> <p>The Division Budget Officer determines if the proposed funding is available, if the funding has appropriate obligations/spending period, and if proposed uses are allowable. The Budget Officer is responsible for designating the specific funding codes for the funds used for the contract or contract amendment. The Division Budget Officer also ensures that any required approvals for subcontracts and capital equipment purchases (≥ \$5K for federal funds) have been secured. Actions are as follows:</p> <p><i>Approved: Funds Budgeted</i> – The contract amount is budgeted in the correct account and center.</p> <p><i>Funds Proposed</i>– Budget Officer has assurance that funds will be budgeted in the correct account and center once administrative actions are complete. Conditional approvals should be given for pending budget realignments, state appropriations, or notices of award from federal/other funding, exceptions to the cash management plan that are awaiting state action. Enter the related budget revision number.</p> <p><i>Funds Proposed, Require Realignment</i> – Check this box, if funds are available, but not in the proper line item; a budget revision is necessary to budget the contract amount in the correct account and center. Enter the budget revision number.</p> <p>After selecting one of the above, the Budget Officer should sign and date.</p>
<p>Section Chief</p>	<p>The Section Chief is required to sign and date the contract approval form.</p>
<p>Division Contract Office</p>	<p>If approved, the Division Contract Manager should sign and date.</p>
<p>Division Human Resources Manager (HR)</p>	<p>The Division Human Resources Manager must review and approve all Services contracts and contract amendments with individuals. The HR manager must determine whether this person is a former state employee (if contracting directly with an individual or business employing one individual). The HR Manager must also assist in determination of employee/employer relationship for federal withholding. All proper documentation must be included in the contract package. All services contracts with an individual must follow the requirements of (1) SB 622: The definition of Retirement, and re-hire restrictions. And (2) 25 NCAC 01D .2701 and G.S. 143-27.2: Employee separated from State government and paid severance wages, and re-hire restrictions.</p>
<p>Division Information Security Office (ISO)</p>	<p>If required, the Division’s Information Security Officer must review and approve all contracts and contract amendments containing an Information Technology (IT) component, regardless of the amount or funding source. Approval of contracts that include operation, maintenance, and/or hosting of any data requires additional forms and possibly security risk assessments to be performed by the contractor before the contract start date.</p>

Division Director	All prior approvals must be in place prior to Director’s approval. The Director returns the approved or unapproved contract or contract amendment to Contract Manager. The Division Director is the final approval authority for the following types of contracts, except Information Technology services: (a) MOA with DHHS agency. (b) Program Related Service less than \$200,000; any method; any type (unless identified in other areas, ex: IT contracts, Media related contracts). (c) RFQ less than \$10,000; any type, where 3 quotes are on file. (d) Services contract less than \$10,000 and not exceeding the established rate.
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Department Approvals

DHHS Division of Budget & Analysis	If the contract is considered an Information Technology contract, then the Division of Budget & Analysis must review and approve the contract and sign the contract approval form. IMOs, rates above State Rate, and late executed must also route to B&A per policy.
DHHS Public Information Office (PIO)	If required, PIO will review and approve all contracts and contract amendments for media, public relations, or associated services, regardless of amount or contractor. For guidance, or to clarify if the contract or contract amendment contains media services call PIO’s main number 919-733-9190.
DHHS Human Resources Director (HR)	The DHHS Human Resources Director must review and approve all Services contracts and contract amendments with individuals \$10,000 and above and/or exceeds the established rate. The DHHS HR Director will review all documentation provided by the Division HR Manager to assure all necessary determinations and conditions of hire are met.
DHHS Information Technology Department (ITD) & Privacy & Security Office (PSO)	If required, DHHS IT must review and approve all contracts and contract amendments containing an Information Technology (IT) component, regardless of the amount or funding source. Approval of contracts that include operation, maintenance, and/or hosting of any data requires additional forms and possibly security risk assessments to be performed by the contractor before the contract start date. Divisions should contact OPCS first before developing a contract with an IT data component.
DHHS Office of Procurement and Contract Services (OPCS)	If required, Office of Procurement and Contract Services will review and approve all contracts and contract amendments: (a) Sole source contract regardless of amount or contractor. (b) Operations contract that is: Equal to or greater than \$200,000; Government; with Local Gov, UNC System, or NC Community College. (c) Program Related contract that is: Equal to or greater than \$200,000; RFA or Sole Source; with For Profit, Non Profit, Local Gov, UNC System, NC Community College, University Private In-State, University Out-of-State. (d) Government contract with Other State Agency regardless of the amount. (e) RFP equal to or greater than \$10,000; any type. (f) Consulting contract regardless of amount or contractor.
OPCS File Tracking Number & Comments	For OPCS office use only.

Contract Approval Form Instructions - Contract Amendment

Saving the original Contract Approval form to another file will save time in completing the form for an amendment. Items with instructions to “complete as described above” should be the same response as the original contract.

Contractor Information; PO#; Open Window Contract#; EBSS# Division#	Complete as described above. <div style="border: 1px solid red; padding: 5px; color: red; text-align: center;"> Fields PO# and EBSS# are for DPH Contracts use only. </div>
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Contract Information – Amendment

Purpose	Enter a brief description of the purpose of the amendment including what is being amended and why the contract is being amended.
Amended Contract Dates	If applicable, enter the new beginning date that the proposed amendment is to take effect and the new ending date for the contract period using the calendar drop-down. <i>Note: If you have an existing contract with a Non-Profit or Local Government entity and the funding source allows for budget increases before the effective date of the proposed amendment, this must be noted in the purpose of the Amendment and in the Justification Memo. Example: Legislative increases for Public Universities.</i>
Amendment Number	If processing an Amendment, enter the number of the amendment.
Amendment Amount	Enter the net amount of the increase or decrease. Leave blank if there is no change in funding amounts.
New Contract Total Value	If funds are being increased/reduced for the current period of the contract, add/subtract the amendment amount to/from the current contract total and enter the new contract total.

NOTE: Complete all other sections of the CAF the same as original contract