

C-4026 CONTRACT APPROVAL FORM

CONTRACTOR INFORMATION

Name: _____

Address: (to which checks will be mailed) Street, City, State Zip _____

Type: _____ Section: _____

Federal Tax Id # or SSN: _____ Group #: _____

Fiscal Year: mo/mo: Select toSelect Email: _____

Contractor Administrator: _____ Tel #: _____ Fax #: _____

NCAS # _____

DHHS Sys # _____

Div. Contract # _____

Division Contract Administrator:

Contractor Signature Authority:

CONTRACT INFORMATION

Description: _____

Contract Dates _____ to _____ Status: _____ Amd # _____ Old DHHS # _____

Options: _____ Sub Contract: _____ Item# GN: Select

Company # _____ Account # _____ Center # _____ Amount

If Processing an Amendment: TOTAL OR AMENDMENT AMOUNT _____

OPCS #: _____ Current Contract Total: _____

Amd Contract Dates: _____ to _____ New Contract Total: _____

APPROVALS for INTENT TO CONTRACT

1. _____
Contract Admin Initials - _____ --Section Chief Signature _____ Date _____
2. _____ ☐ Approve
Division Contract Office and telephone number _____ Date _____
3. _____ ☐ Funds Budgeted ☐ Funds Proposed ☐ Funds Not Available
Division Budget Office _____ Date _____ ☐ Funds Proposed, Requires Realignment BR# _____
4. _____ ☐ Approve
Division Personnel Mgr, if required _____ Date _____
5. _____ ☐ Approve
Center of Excellence Chair _____ Date _____
6. _____ ☐ Approve
Director/Designee _____ Date _____
7. _____ ☐ Approve
DIRM, if required _____ Date _____
8. _____ ☐ Approve
Public Affairs, if required _____ Date _____
9. _____ ☐ Approve
DHHS Budget & Analysis, if required _____ Date _____
10. _____ ☐ Approve
DHHS Personnel Director, if required _____ Date _____
11. _____ ☐ Approve
DHHS Office of Procurement & Contract Services, if required & Date _____

P&C Number _____
☐ Conditional Approval based on Funds Proposed

Comments: _____

DIVISION BUDGET OFFICER - FINAL SIGNATURE APPROVAL---REQUIRED ONLY IF FUNDS PROPOSED

1. _____ Date: _____

Contract Approval Form Instructions

(See next section for Contract Amendment Instructions.)

The Contract Approval Form is a one-page document and printed on pink paper. Use the tab key to reach each field that requires completion. Click the arrow beside the box to view choices in drop down box. Click on the appropriate choice and use the tab key to move to the next box.

NCAS Number	Enter the North Carolina Accounting System (NCAS) number.
DHHS System #	Enter the eight digit DHHS Contract System number.
Division Contract ID #	Enter the Contract Number assigned by the Division Contract Office.
Division Contract Administrator	Enter the Division Contract Administrator name and telephone number.
Contractor Signature Authority	Enter the Contractor's signature authority name.

CONTRACTOR INFORMATION

Name	Enter the official name of the Contractor.
Address	Enter the mailing address, including a nine-digit zip code of the Contractor for check mailing.
Type	Click arrow to view drop down box choices and click the appropriate organizational status of the Contractor. See the DHHS Procurement and Contract Services Policies/Manual for definitions.
Section	If the organizational type is NC Community College, UNC System, University In-state or Out-of-state click arrow to view drop down box and click the appropriate Section performing the service. See the DHHS Procurement and Contract Services Policies/Manual for definitions.
Federal Tax ID No. or SSN	Enter the Contractor's Federal Tax Identification Number or for Personal Services Contract, enter the Employee Social Security Number.
Group Number	Enter group number assigned to the Contractor's appropriate check mailing address in NCAS.
Fiscal Year	Click arrow to view choices. 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.
Contractor Administrator	Enter the name of the person responsible for policy/terms of the contract for the Contractor.
Telephone #, Fax #	Enter the telephone number (area code) and fax number of the Contractor Administrator.

CONTRACT INFORMATION

Description	Enter a one line description of what activity is to be performed/accomplished.
Contract Dates	Enter the beginning and ending dates of the contract such as 07/01/05- 06/30/06 (using a format: MM/DD/YYYY, MM-DD-YYYY, MM/DD/YY, or MM-DD-YY).
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 #	Leave blank if processing a new or renewal contract. See amendment instructions below.
Old DHHS System #	Enter the previous eight (8) digit Contract Number assigned by the DHHS Contract System.
Options	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.
Audit	Click arrow to view choices. Select appropriate choice to identify the contract determination.
Item #	Click arrow to view choices. Select appropriate choice to identify the applicable coding for NCAS. Use 96102 contractual services; 96162 personal services contracts, 97145 lease or rental; 93959 maintenance (service) agreements or 91806 for consultant services.
Company, Account # , Center and Amount	Enter the applicable company, account and center along with the amounts for each center. The amount should include applicable required Contractor match. This information dictates the NCAS encumbrance.
Total or Amendment Amount	Enter the total amount of the contract.

APPROVALS FOR INTENT TO CONTRACT

Signatures	Prior to the effective date, obtain all appropriate approvals. See the DHHS Procurement and Contract Services Policies/Manual for details regarding the meaning of each approval.
Contract Administrator/ Section Chief Signature	The Contract Administrator should initial and forward to Section Chief. If approved, the Section Chief should sign beside Contract Administrator's initials, enter the current date, and forward the package to the Division Contract Office. If not approved, return the package to the Contract Administrator.
Division Contract Office	If approved, the Division Contract Manager should sign, enter the phone number, enter the current date, and forward the package to the Division Budget Officer. If not approved, return the contract package to the Section Chief.
Division Budget Office	<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. The Budget Officer is responsible for designating the specific funding codes for the funds used for the contract or contract amendment. If approved, the Division Budget Officer should forward to the Division Director. If not approved, return the package to the Contract Office.</p> <p><i>Funds Budgeted</i> – The contract amount is budgeted in the correct account and center. The Budget Officer should sign the bottom line at this time if “Funds Budgeted” is checked.</p> <p><i>Funds Proposed</i> – The contract amount is in the proposed budget pending action by the General Assembly.</p> <p><i>Funds Proposed, Require Realignment</i> – 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><i>Funds Not Available</i> – For current year contracts, available funds cannot be identified in the proposed budget. For future year contracts, funds are not in the proposed budget, or if in the proposed budget, funding for the contract does not appear likely to be approved, or has been disapproved, by the General Assembly.</p>
Division Personnel Manager	The Division Personnel Manager must review and approve all Personal Services contracts and contract amendments.
COE Chair	The COE Chair is required to sign and date the contract approval form, representing committee review and approval. “Approval” indicates the contract includes the elements of PBC.
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) non-consulting contract with DHHS agency or corresponding local agency, regardless of the amount (b) direct client services or grant in contract form less than \$200,000, per 12 month period, with private non-profit organization (c) non-direct, non-consulting services less than \$200,000, per 12 month period, with North Carolina State owned university, community college, or local government entity (d) all Personal Services contracts and contract amendments \$10,000 and above and/or exceeds the established rate.
DIRM	If required, DIRM must review and approve all contracts and contract amendments containing an Information Technology (IT) component, regardless of the amount or funding source. If you are unsure whether any portion of the contract or contract amendment does or does not meet the criteria referenced in the “Checklist Detail”, please contact the DIRM Contracts Office at DIRM's main number 919-855-3000 or via email to DIRM.ContractOffice@ncmail.net .
PIO	If required, PIO will review and approve all contracts and contract amendments for media, public relations, or associated services, regardless of amount or provider. For guidance, or to clarify if the contract or contract amendment contains media services call PIO's main number 919-733-9190.
DHHS Budget & Analysis	If required, Budget & Analysis will review and approve all contracts and contract amendments: (a) sole source contract for non-direct services (excluding support services such as pest control, equipment maintenance, janitorial, etc.) with for-profit and private non-profit organizations regardless of dollar amount (b) consulting contract regardless of amount or provider (c) non-direct services (except support services) with for-profit or non-profits equal to or greater than \$10,000, regardless of how procured (d) non-direct services (except support services) with North Carolina state-owned university, community college, and local government entity equal to or greater than \$200,000 (e) personal services contracts and contract amendments exceeding the established rate.
DHHS Personnel Director	If required, the DHHS Personnel Director must review and approve all Personal Services contracts and contract amendments \$10,000 and above and/or exceeds the established rate.
DHHS Office of Procurement and Contract Services	If required, Office of Procurement and Contract Services will review and approve all contracts and contract amendments: (a) sole source contract for non-direct services with for-profit and private non-profit organizations regardless of dollar amount (b) consulting contract regardless of amount or provider (c) contract with other state agencies (except university contracts) (d) direct medical services equal to or greater than \$200,000, per 12 month period, with a for-profit organization (e) direct client services or grant in contract form equal to or greater than \$200,000, per 12 month period, with a non-profit organization (f) contract for non-direct services with North Carolina state-owned university, community college, local government entity equal to or greater than \$200,000 (g) contract for non-direct services with for-profit or non-profit equal to or greater than \$10,000, regardless of how the contract was selected.

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. Print on pink paper.

NCAS Number	Complete as described above.
DHHS Sys #	Complete as described above.
Division Contract ID #	Complete as described above.
Division Contract Administrator	Complete as described above.
Contractor Signature Authority	Complete as described above.

CONTRACTOR INFORMATION

	Complete as described above.
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CONTRACT INFORMATION

Description	Enter a brief description of the purpose of the amendment including what is being amended and why the contract is being amended.
Contract Dates	Enter the original beginning and ending date of the contract (using a format: MM/DD/YYYY, MM-DD-YYYY, MM/DD/YY, or MM-DD-YY). If the amendment is for revision of dates do not enter the revised dates in this area. See Amended Contract Dates below.
Status	Click arrow to view choices. Click amendment.
Amendment #	Enter the amendment number such as 1, 2, or 3, etc. in the next space.
Old DHHS System #	Complete as described above.
Options	Complete as described above.
Subcontract	Complete as described above.
Audit	Click arrow to view choices. Select appropriate choice to identify the contract determination. If the choice is being revised, include appropriate contract language revision and a new completed contract determination.
Item #	Complete as described above.
Company, Account # , Center and Amount	Enter the applicable company, account and center along with the increase or decrease amounts for each center. The amount should include applicable required Contractor match. This information dictates the NCAS encumbrance. Enter the company, account and center from the original contract if there is no change in amounts. Leave amounts blank if there is no change in funding amounts.
Total or Amendment Amount	Enter the net amount of the increase or decrease. Leave blank if there is no change in funding amounts.
Current Contract Total	If funds are being increased/decreased, enter the amount of the current contract. Leave blank if processing an amendment for Year 2 or 3. Leave blank if processing a no cost amendment.
OPCS Approval Number	Enter the number assigned by the DHHS Office of Procurement and Contract Services for approval of the original contract such as SS544-05.
New Contract Total	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. Leave blank if processing an amendment for Year 2 or 3. Leave blank if processing a no cost amendment.
Amended Contract Dates	If applicable, enter the beginning date of the original contract and the new ending date (using a format: MM/DD/YYYY, MM-DD-YYYY, MM/DD/YY, or MM-DD-YY). Leave blank if the effective period of the contract is not being changed.

APPROVALS FOR INTENT TO CONTRACT

Signatures	Prior to the effective date, obtain all appropriate approvals. See the DHHS Procurement and Contract Services Policies/Manual for details regarding the meaning of each approval.
Contract Administrator/ Section Chief Signature	The Contract Administrator should initial and forward to Section Chief. If approved, the Section Chief should sign beside Contract Administrator's initials, enter the current date, and forward the package to the Division Contract Office. If not approved, return the package to the Contract Administrator.
Division Contract Office	If approved, the Division Contract Manager should sign, enter the current date, and forward the package to the Division Budget Officer. If not approved, return the contract package to the Section Chief.
Division Budget Office	<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. The Budget Officer is responsible for designating the specific funding codes for the funds used for the contract or contract amendment. If approved, the Division Budget Officer should forward to the Division Director. If not approved, return the package to the Contract Officer.</p> <p><i>Funds Budgeted</i> – The contract amount is budgeted in the correct account and center. The Budget Officer should sign the bottom line at this time if “Funds Budgeted” is checked.</p> <p><i>Funds Proposed</i> – The contract amount is in the proposed budget pending action by the General Assembly.</p> <p><i>Funds Proposed, Require Realignment</i> – 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><i>Funds Not Available</i> – For current year contracts, available funds cannot be identified in the proposed budget. For future year contracts, funds are not in the proposed budget, or if in the proposed budget, funding for the contract does not appear likely to be approved, or has been disapproved, by the General Assembly.</p>
Division Personnel Manager	The Division Personnel Manager must review and approve all Personal Services contracts and contract amendments.
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DIRM	If required, DIRM must review and approve all contracts and contract amendments containing an Information Technology (IT) component, regardless of the amount or funding source. If you are unsure whether any portion of the contract or contract amendment does or does not meet the criteria referenced in the “Checklist Detail”, please contact the DIRM Contracts Office at DIRM's main number 919-855-3000 or via email to DIRM.ContractOffice@ncmail.net .
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DHHS Personnel Director	If required, the DHHS Personnel Director must review and approve all Personal Services contracts and contract amendments \$10,000 and above and/or exceeds the established rate.
DHHS Office of Procurement and Contract Services	If required, Office of Procurement and Contract Services will review and approve all contracts and contract amendments: (a) sole source contract for non-direct services with for-profit and private non-profit organizations regardless of dollar amount (b) consulting contract regardless of amount or provider (c) contract with other state agencies (except university contracts) (d) direct medical services equal to or greater than \$200,000, per 12 month period, with a for-profit organization (e) direct client services or grant in contract form equal to or greater than \$200,000, per 12 month period, with a non-profit organization (f) contract for non direct services with North Carolina state-owned university, community college, local government entity equal to or greater than \$200,000 (g) contract for non-direct services with for-profit or non-profit equal to or greater than \$10,000, regardless of how the contract was selected.