MOA/SC Checklist

**Revised 12/12/2022**

**Attachments required on the header:**

* Signature page signed by ALL Parties

(Note) If Finance Legal needs to review/provide signature approvals due to agency not having in-house Counsel, send assembled draft to Office of Procurement Services (PSC Division) via email to obtain fully signed contract

* Social Security and/or Violation of tax and employment laws completed by vendor or provide a document comment explaining why the vendor is exempt
* Multi-Provider contract-list with all vendors names and addresses
* Signed and notarized Required Annual Affidavit (Required for 501(c)3)
* 501(c)3 documentation (if applicable)-Must be from the IRS
* Assembled Contract (Review document for errors such as current terms and conditions are used, dates are correct, vendor matches vendor name in eMARS document. Do not use red font unless completing a Modification.)
* Approved SPR1(if applicable)
* Approved SPR1 for University Exemption (if applicable)
* Approved SPR1 or email from COT for IT components (if applicable)
* GCRC Biennium Exemption and or Exemption from routine review (if applicable)

**Document Comments:**

* Add a comment if agency is statutorily exempt from the biennium restrictions (if applicable)
* Add a document comment if agency is crossing the biennium to align with federal fiscal year

**eMARS Document:**

 **Header:**

* Correct Procurement type (Use 11 for 501(c)3 Non-Profit Vendors)
* Correct Cited Authority selected (Use MOA Non-Profit 501(c)3 if applicable)
* Reason for Modification is completed (if Applicable)
* Record Date should be left blank

**Vendor:**

* Verify correct vendor selected
* Verify vendor type on the <https://charitycheck101.org/> if using 501(c)3 vendor

**Commodity Line:**

* Applicable commodity code(s) selected
* Extended Description (Brief description of services to be provided) (make sure dates match if listed) (Replacement and why it’s needed)
* Line Type=Service
* Contract service dates - Service From date allows minimum of seven (7) business days prior to effective date, approval and filing with the GCRC and Service To date is within the current biennium unless a biennium exemption has been approved. Service Dates must be the same on all commodity lines.
* Include Shipping & Billing Location

**Accounting:**

* What type of Funds (needs to match the PON)

**Terms and Conditions: Three Lines**

* Sequence #1 Free Form Agency Terms and Conditions must use MOA or MOA/SC Template
* Sequence #2 Current MOA or MOA/SC Standard Terms and Conditions. (T&Cs will automatically populate based on Cited Authority selected on document header. T&Cs on Modifications should be updated to the current version. Current T&Cs do not always populate correctly if copying from another document.)
* Sequence #3 Signature Page

**Supporting Documents:** Please **do not use this area**, instead incorporate information into the Agency T&C’s or list as an additional sequence #.

**Proof of Necessity:**

* Define all acronyms the first time they are used
* Do not use N/A or Not Applicable on the PON
* **General Information**: Type of Award – Select **New** (replacement) or **Amendment** (for modifications including Administrative)
* **Description of work to be Performed**: Include 2-3 concise sentences that thoroughly explain the service being provided. Do not copy/paste the entire scope of work. Add MODIFICATION, ADMINISTRATIVE MODIFICATION, RETROACTIVE START DATE or REPLACEMENT to the beginning in all CAPS, if applicable
* **Planned Performance Monitoring**: Accurate description of how the agency will monitor the services provided. i.e. vendor shall provide monthly/quarterly/yearly status reports.
* **Source of Funds**: Total amount of PON2, listed accurately per funding. If Federal answer drop down questions, if Other, explain
* **Contract Cost Information**: Complete all fields
* **Detailed Description of Projected Cost**: Only include contract detailed budget, Contract Not to Exceed Amount, and hourly rate (if applicable). If a modification, update the amounts to match.
* **Basis for Payment**: State how payment will be made such as upon proper submittal of detailed monthly/quarterly/yearly approved invoices
* **Justification**: Name/Address of Other Providers Considered, list the name, city and state of non-awarded vendors or a detailed description of WHY no other vendors were selected. Do not use Not Applicable or N/A in this section.
* **Basis for Selection**: Reason for exchange, explain why and how vendor was chosen. This section should also contain the Secretary of State’s registration number for all foreign (out of state) vendors or explain why they are not required to be registered. State if the vendor is a Quasi-Governmental or 501(c)3 agency (if applicable). Do not use Not Applicable or N/A in this section.
* **Justification for Outside Provider**: Explain why Commonwealth staff could not perform the service. For example, “Agency personnel lack the technical knowledge and capability to provide this service”.
* **Contact Information**: GCRC will contact this person if contract is pulled for further review. Typically should be the procurement contact who can route to the appropriate agency staff.

**Information Technology**

* Is there an information technology component (cloud, software, hardware, services) to this contract?
	+ If there is an information technology component to the contract, agency must attach a COT approved SPR1 or an email from COT stating their approval is not required.

**Assembled Document:**

Before submitting for approval, review document carefully for:

* Current Affidavit
* Current MOA Template and Finance Terms and Conditions are used
* Correct Shipping/Billing is listed on Commodity Line
* Agency and Vendor match the eMARS Document
* Effective dates match throughout the eMARS document and contract
* Scope of Work is completed
* Do NOT duplicate the Finance Terms and Conditions within the Agency Terms and Conditions
* Dollar amount matches the eMARS Document
* Signature Page