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| **When to Use:** P-245, P-530, P-642, P-600, P-550/650, and a P-648 with technical services**. Note:** Do not use this form for software agreements that do not have labor/technical services. Use the CL-200 Checklist instead.  **Instructions:** Complete this form in its entirety and **email a Word copy to** [**OCA@sfgov.org**](mailto:OCA@sfgov.org)**.** OCA will log your request and notify you with the name of the OCA buyer assigned to your contract. | | | |
| **Check off all that apply** | P-245  P-530  P-642  P-600  P-550/650  P-648  Other: | | |
| **Are you using DocuSign?** |  | **Contract docs uploaded in PS?** |  |
| **PS Contract ID:** |  | **Dept Contract ID** (if any): |  |
| **Department:** |  | (OCA Only):Date Received: |  |
| **Contact Name:** |  | (OCA Only):Date Assigned: |  |
| **Contact Email:** |  | (OCA Only):Purchaser Name: |  |
| **Contact Phone:** |  | (OCA Only):Date Reviewed: |  |

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| **PURCHASING AUTHORITY** | | | | | |
| **Competitive Solicitation Details** | | **No Competitive Solicitation Details** | | | |
| **RFP/Q/Event Number:** |  | **Admin Code Basis for No Solicitation being Required**  (e.g., 21.30, 21.15, 21.16, etc.): | |  | |
| **RFP/Q/Event Issue Date:** |  |
| **RFP/Q/Event Bid Due Date:** |  | **OCA ServiceNow Waiver ID**  (Post April 2019): | |  | |
| **Advertised Contract Duration** (incl. extensions): |  |
| **Advertised Contract NTE Amt:** |  | **Total Approved OCA Waiver Amount to Date:** | |  | |
| **FUNDING TYPE** | | | | | |
| **Check off all that apply** | City  State  Federal  Grants | | | | |
| **SUPPLIER & CONTRACT DETAILS** | | | | | |
| **Supplier ID:** |  | **Supplier Name:** | |  | |
| **12B Compliant?**  (NA if Waived) |  | **Supplier Headquarters**  (For Admin Code 12X Analysis) | |  | |
| **If over $50K,** [**First Source Hiring**](https://oewd.org/sites/default/files/Workforce/Workforce-Docs/First%20Source%20Fact%20Sheet%202017.pdf) **Form filed w/ OEWD?** |  | [**MCO/HCAO**](https://sfgov.org/olse/sites/default/files/Document/HCAO%20MCO%20Documents/SF_Labor_Laws_for_SFO_Contractors_Package_Effective_Jan_1%2C_2019_Final.pdf) **Status Updated in PS?** (N/A if waived) | |  | |
| **First Source Hiring Form required for all new Contracts (new & modifications) > $50K. Exception: Software License/Maintenance agreements w/out Technical Services & Equipment Lease Amts.** | | **If HCAO/MCO are not waived, ensure Supplier’s HCAO/MCO status in PS has been updated prior to submitting contract to OCA. TO update supplier HCAO/MCO status, email declarations to** [**Supplier.Management@sfgov.org**](mailto:Supplier.Management@sfgov.org)**.** | | | |
| [**Form SFEC-126f2**](https://sfethics.org/compliance/city-officers/city-contracts/city-departments) **filed?** |  | | | | |
| **Must notify Ethics Commission of all proposal received for contracts ≥ $100K/FY that requires approval/signature of an elected official.** | | | | | |
|  | **Contract NTE Amt** | **Contract Start Date** | **Contract End Date** | | **OCA Only:**  **Rate Adjust.?** |
| **Original Contract** |  |  |  | |  |
| **Amendment 1** |  |  |  | |  |
| **Amendment 2** |  |  |  | |  |
| **Amendment 3** |  |  |  | |  |
| **Amendment 4** |  |  |  | |  |
| **Amendment 5** |  |  |  | |  |
| **Amendment 6** |  |  |  | |  |
| **Amendment 7** |  |  |  | |  |
| **Amendment 8** |  |  |  | |  |
| **Amendment 9** |  |  |  | |  |
| **Amendment 10** |  |  |  | |  |
| **Does contract NTE amount and duration match PS NTE amount and duration?** If no, explain. | |  | | | |
| **If Amendment + LBE % Apply + Revised NTE > 20% of Original NTE: Was CMD Form 10 sent to CMD**? | |  | | | |

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| **Contract Packet Documentation Checklist** | | |
| **Instructions:** Except for copies of an Agreement routed for wet signature, each document in this checklist must be uploaded into PeopleSoft prior to requesting OCA approval. When stating “N/A”, the reason must be obvious or justified or your packet may be rejected. **Except for the contract itself, hard copies of supporting documents are no longer accepted**. | | |
| **AGREEMENT** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **Contract Overview:** Provide a brief overview of the contract on this form or attach a memo. |  |  |
| 1. **Agreement/Amendment:**  * **Wet Signatures:** Upload one copy into PS and deliver 3 original copies prior to requesting OCA approval. * **DocuSign:** Ensure agreement and all appendices are in PS as one complete document and ready for e-signatures. |  |  |
| 1. **New Agreements:** **Redlined Copy of Original Agreement**   Use the “Compare” function in Word to compare the final draft with the public facing City template available at <https://sfgov.org/oca/>. |  |  |
| 1. **Amendments: Original Agreement and all Subsequent Amendments**   N/A where prior versions are available for OCA to view in PeopleSoft. |  | OCA Only: For all Amendments, also include Rate Adjustment Calculations, if applicable. |
| **Purchasing Authority** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **RFP/Q** (if applicable).   N/A if available for OCA to view in PeopleSoft. |  |  |
| 1. **All approved OCA waiver(s) to date for not conducting a solicitation** (if applicable).   ***Total approved amount must equal or exceed contract not to exceed amount.*** |  | Total Approved Amount: |
| 1. **Approved OCA 12X Waiver** (if applicable) |  |  |
| **DEPARTMENT OF TECHNOLOGY** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. [**DT CIO Approval**](https://sfemployeeportalsupport.sfgov.org/support/solutions/articles/22000228829-new-cio-review-policy-for-f-p)(New Agreements Only)   Unless exempt, new contracts w/ any element of technology require approval by DT. |  | DT SER #: |

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| **Board of Supervisors (BOS) & Agency Commission Approval** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **BOS Approval** (if over $10MM or 10 years)   ***Re-approval required for cumulative increases in excess of $500k on a covered contract.*** |  | Approved Duration:  Approved Amount:  Resolution Number: Signed Date: |
| 1. **Agency Commission Approval** (if applicable)   ***If applicable, re-approval required each time contract duration or amount increases.*** |  | Approved Duration:  Approved Amount:  Resolution Number: Signed Date: |
| **CONTRACT MONITORING DIVISION (CMD)** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **CMD 12B Compliance Waiver**   (If Supplier is not 12B Compliant)  ***Approved amount and duration must equal or exceed contract amount and duration.*** |  | Approved Duration:  Approved Amount:  This requirement is N/A and a waiver **not** required if:   * Purchasing authority is 21.30 |
| 1. **CMD 14B LBE Bid Discounts Waiver.**   (If applicable but waived).  Bid Discounts apply to all solicitations for services between $10,000 and $20,000,000. Attach waiver if waived from the RFP/Q solicitation. Otherwise enter N/A. |  | This requirement is N/A and a waiver is **not** required if:   * Purchasing authority is 21.30 * Funding source consists of any non-City funds. |
| 1. **CMD 14B LBE Participation Requirement/Waiver**.   LBE participation goals are required for all Professional Services contracts over $55,000 and General Services Contracts over $300,000. Attach waiver if waived from RFP/Q or contract.  ***If waived, approved amount and duration must equal or exceed contract amount and duration.*** |  | LBE Participation %:  OR  Waiver Approved Duration:  Waiver Approved Amount:  This requirement is N/A and a waiver is **not** required if:   * Purchasing authority is 21.30 * Funding source consists of any non-City funds. |
| 1. **CMD Form 3: CMD Non-Discrimination Affidavit**   If this is an amendment/modification, you may submit a previously submitted CMD Form 3. |  |  |
| **CIVIL SERVICE** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **Approved PSC Form 1**   ***Approved amount and duration must equal or exceed contract amount and duration.*** |  | Approved Duration:  Approved Amount:  PSC #: Mod#: |
| **OFFICE OF LABOR STANDARDS (OLSE)** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **HCAO and MCO Waivers** (If waived)   ***Approved amount must equal or exceed contract amount.*** |  | Approved Amount: |

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| **INSURANCE & LIABILITY** | | |
| **Document** | **Attached?** | **Explanation/Comments** |
| 1. **Insurance: Place an “X” next to each item required by City template & submit evidence of item marked**.   Additional Insured Endorsement Requirements: Must: (a) name the “City and County of San Francisco, its Officers, Employees and Agents” or (b) be a blanket endorsement as required by a written contract. “COI” = Cert of Insurance. | | |
| **General Liability** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **GL Addt’l Insured Endorsement** |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Auto Liability** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Auto Addt’l Insured Endorsement** |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Workers Compensation** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Waiver of Subrogation** |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Professional Liability** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Tech Errors and Omissions** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Cyber Security** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Privacy** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Pollution Liability** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Pollution Addt’l Insured Endorsement** |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| **Garagekeepers/Property of Others** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Other** (COI)(e.g. Marine Liability, etc.) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| 1. **Changes to Indemnification Requirements?** |  | If Yes, City Attorney consultation is required. |
| 1. **Performance/Fidelity/Surety/Labor Bond** |  |  |
| 1. **Escrow for Source Code** |  |  |
| **OTHER** | | |
| 1. **System for Award Management (SAM) Printout**   (if Federal funds are involved) |  | * Go to: <https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf> * Enter entity DUNS/CAGE Code and click ‘Search’. ‘Save as PDF’” |
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| **COMMENTS** | | |
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