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| **When to Use: This CL-COVID checklist is limited to NON COVID-related contracts. For COVID related contracts, use “CL-COVID-A” Checklist.** Due to a disruption in business operations as a result of COVID-19, the Mayor has issued an emergency declaration allowing departments to extend contracts **through June 30, 2022** (or earlier) solely for the purpose of securing additional time by which to conduct a new solicitation and which may also include the addition of funding on a prorated basis. *Under this Amendment process, departments are permitted a waiver with regard to all standard city contracting requirements, except for those identified in this checklist.* A contract extended under this process for more than 6 months after its current expiration date will require completing [CON’s Concurrence Memo](https://sfgov.org/oca/sites/default/files/Memorandum%20and%20Form%20-%20Obtaining%20Controllers%20Concurrence%20for%20Exception%20to%20Procurement%20Procedures%20-%20070720%20-%20FINAL_0.pdf) and adding Julie Ansel to the approval path.  **Amendment Template**: This checklist can only be used with the [COVID Expedited Amendment Template (COVID (4-21)](https://sfgov.org/oca/sites/default/files/COVID%20%284-21%29_Contract%20Amendment%20for%20COVID-19%20and%20Non-COVID-19%20Contract%20Extensions.docx).  **Instructions:** Complete and save this form in WORD and upload all required documents to PeopleSoft. Initiate OCA review through ServiceNow. [Click here to learn how to use ServiceNow to Submit a Contract Review Request](https://sfgov.org/oca/sites/default/files/How%20to%20Use%20ServiceNow%20to%20Submit%20a%20Contract%20Review%20Request_0.pdf). | | | |
| **Check off all that apply** | P-240  P-245  P-530  P-540  P-545  P-600  P-629  P-642  P-648  P-520  P-550/650  Other: | | |
| **How will Dept and Supplier sign this contract?** | **DocuSign Using PeopleSoft’s Contract Module** – Upload unsigned copy of contract into PS contract module for OCA buyer to review. Upon OCA approving contract in PS, you may route contract for e-signature to Supplier, Department Head and OCA to sign.  **Signed and Scanned Signatures** – Upload fully executed copy of contract signed by Supplier, Department Head and OCA into PS contract module for OCA buyer to review prior to approving in PS.  **DocuSign outside of PeopleSoft**  Upload fully executed copy of contract signed by Supplier, Department Head and OCA into PS contract module for OCA buyer to review prior to approving in PS. | | |
| **PS Contract ID:** |  | **Dept Contract ID** (if any): |  |
| **Contact Name:** |  | **Department:** |  |
| **Contact Email:** |  | **Contact Phone:** |  |
| **(OCA Only) Purchaser Name:** |  | **( OCA Only) Date Reviewed:** |  |

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| **SUPPLIER & CONTRACT DETAILS** | | | | | |
| **Supplier ID:** |  | **Supplier Name:** | |  | |
| **12B Compliant?** |  | **Supplier Headquarters**  (For Admin Code 12X Analysis) | |  | |
| [**Form SFEC-126f4**](https://sfethics.org/compliance/city-officers/city-contracts/contract-approval-by-city-elective-officers) **filed?** |  | Form [126f4](https://sfethics.org/compliance/city-officers/city-contracts/contract-approval-by-city-elective-officers/contract-approval-by-board-of-supervisors) applies to all contracts/grants with a value ≥ $100K/ fiscal year and signed by an elected City officer. Form [[126f4](https://sfethics.org/compliance/city-officers/city-contracts/contract-approval-by-city-elective-officers/contract-approval-by-board-of-supervisors)](https://sfethics.org/compliance/city-officers/city-contracts/contract-approval-by-city-elective-officers/contract-approval-by-board-of-supervisors) must be filed upon the elected officer’s signing of the contract or, where BOS approval is required, upon submission of the contract for BOS approval. Contact the Ethics Commission for additional details. | | | |
|  | **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 Amt/Duration match PS NTE Amt/Duration?** If no, explain. | |  | | | |

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| **Contract Packet Documentation Checklist** | | |
| Each document in this checklist must be uploaded into PeopleSoft prior to requesting OCA approval. | | |
| **AGREEMENT** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **Contract Overview:** Provide a brief overview of the contract on this form or attach a memo. |  |  |
| 1. **Amendments: Original + All Subsequent Amendments** |  | OCA Only: Include Rate Adjustment Calc. if applicable. |
| **Board of Supervisors (BOS) & DEPT’S Commission Approval** | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **BOS Approval** (if over $10MM or 10 years)   ***Re-approval required for this amendment as per standard BOS guidelines, ie where cumulative increases > $500k on a covered contract.*** |  | Approved Duration:  Approved Amount:  Resolution Number: Signed Date: |
| 1. **Dept’s Commission Approval** (if applicable)   ***Re-approval for this amendment required only if required by Dept.’s Commissions guidelines.*** |  | Approved Duration:  Approved Amount:  Resolution Number: Signed Date: |
| **INSURANCE & LIABILITY** | | |
| 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. | | |
| **Document** | **Uploaded?** | **Explanation/Comments** |
| 1. **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? |
| 1. **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? |
| 1. **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? |
| 1. **Professional Liability** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| 1. **Tech Errors and Omissions** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| 1. **Cyber Security** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| 1. **Privacy** (COI) |  | Reduced or Waived?  If Yes, written confirmation from RM provided? |
| 1. **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? |
| 1. **Garagekeepers/Property of Others** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| 1. **Other** (COI)(e.g. Marine Liability, etc.) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **CONTROLLER APPROVAL** | | |
| 1. **CON COURRENCE MEMO** (*if extending more than 6 months after current expiration date)* |  |  |