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| logocw2DEPARTMENT OF VETERAN AFFAIRS **CONTRACT PROCESSING ACTION REQUEST (CPAR)** | | | | | | | | | | 1. **CONTRACT/ADMENDMENT PERIOD (Check One Box)**   CONTRACT  AMENDMENT | | | | | | | |
|  | | | | | | | | | | START DATE: | | | | | | | |
|  | | | | | | | | | | END DATE: | | | | | | | |
|  | | | | | | | | | | **2. CONTRACT NUMBER:** | | | | | | | |
|  | | | | | | | | | | **3. BILLIABLE PROGRAMS** | | | | |  | | |
|  | | | | | | | | | | DATE REQUEST FILLED OUT:  PGM TITLE:  FUND SOURCE: | | | | | AMENDMENT NO.  (     ) | | |
| **4. DVA PROJECT MANAGER (Individual responsible for monitoring contract/expenditures)** | | | | | | | | | | | | PHONE | | | | MAILSTOP | |
|  | | | | | | | | | | | | **(**     **)** | | | | **MS** | |
| **5. LEGAL NAME OF CONTRACTOR as reported to IRS** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **6. PRINCIPAL CONTACT. PLEASE USE NAME & TITLE OF ACCOUNT REPRESENTITATIVE OR THE PRIMARY VENDOR CONTACT FOR PURPOSES OF CONTRACT MANAGEMENT** | | | | | | | | | | | | | | | | | |
| NAME | | | TITLE | | | | | | | TELEPHONE NUMBER W/ AREA CODE | | FAX NUMBER W/ AREA CODE | | EMAIL ADDRESS | | | |
|  | | |  | | | | | | | **(**     **)** | |  | | **@** | | | |
| **7. MAILING ADDRESS OF CONTRACTOR** | | | | | | | | | | | | **CITY** | | **STATE** | | | **ZIP CODE** |
|  | | | | | | | | | | | |  | |  | | |  |
| **8. WA UNIVERSAL BUSINESS IDENTIFIER (UBI):** | | | | | | |  | | | | | | | | | | |
| **9. FEDERAL EMPLOYER ID NO. OR SOCIAL SECURITY NO. (FIN):** | | | | | | |  | | | | | | | | | | |
| **10. CONTRACTOR STATUS (IRS 1099)**  SOLE PROPRIETOR  CORPORATION  NON-PROFIT  LLC  GOVERNMENTAL  PARTNERSHIP  LLP  OTHER (List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | **10A. CONTRACTOR STATUS CONTINUED(W-9)**  W-9 RECEIVED?  YES NO  SWV \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ | | | | | **11. DES WEBS STATUS:** WDVA requires COMPANY/CONTRACTOR to be registered in DES WEBS. Is COMPANY/CONTRACTOR registered?  YES  NO DATE REGISTERED:  If not, have them register at: <http://www.des.wa.gov/services/ContractingPurchasing/Business/Pages/WEBSRegistration.aspx> | | | | | | | |
| 1. **Type Contract: (CHECK APPLICABLE BOX)**   Goods and Services  Client Services  Interagency Agreement  Professional Services/Consultant  Information Tech Agreement  Capital Projects  Other: (List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | **13. Is the firm any of the following businesses? (CHECK ALL APPLICABLE BOXES)**  Minority Owned Business  Small  Women Owned Business  Micro  Minority/Women Owned Business  Mini  Veteran Owned Business  **If yes, are you certified with** **OMWBE or Veteran Affairs? Yes**  No | | | | | | | | | |
| **14. ContRacting Method:** Master Contract  Sole Source  Emergency  Direct Buy Procurement (Procurement No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | |
| **15. Delegated authority: DOES the total ACcumulated contract period amount exceed $1,000,000.00? yES**  **nO** | | | | | | | | | | | | | | | | | |
| **16. describe the service/goods to be provided by the contractor or the purpose of the contract and/or amendment (attach budget and detailed scope of work with deliverables/outcomes expected.)** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **17. above funding includes STATE AND federal funds** | | | | | | | | | | | | | | | | | |
| YES  NO a. If yes, enter amount or percent of federal funds and source/CFDA#…….  b. If yes, enter amount or percent of state funds and source…………...…… | | | | | | | | | | | | **$**       **/**     **%/CFDA #** | | | | | |
|  | | | | | | | | | | | | **$**       **/**     **%** | | | | | |
| **18. EXPLAIN WHY THIS SERVICE CANNOT BE PERFORMED BY PERSONNEL OF DVA OR PERSONNEL OF ANOTHER WASHINGTON STATE GOVERNMENT AGENCY** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **19. account code to be charged on expenditure documents** **(Use page two if additional rows needed)** | | | | | | | | | | | | | | | | | |
| **MASTER INDEX**  **CODE** | **% OF PROGRAM FUNDING** | **SUB OBJ & SUB SUB OBJ**  **CODE** | | **New or Current Cumulative**  **CONTRACT AMOUNT** | | Amendment amount  (To be completed only if you are AMENDING an existing contract) | | | **BUDGET AUTHORITY** (Authorizing Signature, may be more than one individual if multiple programs are contributing funds)  I hereby authorize the initiation of the contract/amendment referenced above. I certify that funds are obligated and available for payment of services. | | | | | | | | |
|  |  |  | |  | |  | | | **Signature goes in below column** | | | | **Print or Type Name in Below Column** | | | | |
|  | % | / | | $0 | | $0 | | |  | | | | Name:Title: | | | | |
|  | **%** | / | | **$0** | | $0 | | |  | | | | Name:  Title: | | | | |
|  | **%** | / | | **$0** | | $0 | | |  | | | | Name:  Title: | | | | |
|  | | | | **$ 0.00** | | $ 0.00 | | | Cumulative total maximum amount of contract: | | | | $ 0.00 | | | | |
| CONTRACT STAFF NAME | | | DATE CPAR RECEIVED/ APPROVED FOR WORK | | | | | | | | CONTRACT SIGNATURE | | | | | | |
|  | | | /     / | | | | | | | |  | | | | | | |

DVA FORM C-001 (ELECTRONIC - Revised 05/18/2017)

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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR)** Please Do Not Complete Shaded Yellow Areas | | | | **CONTRACT PROCESSING ACTION REQUEST (CPAR)**  CONTINUATION  Page 2 | | |
| **CONTINUATION OF SECTION 19. account code to be charged on expenditure documents** | | | | | | |
| **MASTER INDEX** | **% OF PROGRAM FUNDING** | **SUB OBJ & SUB SUB OBJ** | **New or Current Cumulative**  **CONTRACT AMOUNT** | | Amendment amount  (To be completed only if you are AMENDING an existing contract) | **Cumulative total maximum amount of contract:** |
|  |  |  |  | |  |
|  | **%** | / | **$0** | | $0 |
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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR)** Please Do Not Complete Shaded Yellow Areas | **CONTRACT PROCESSING ACTION REQUEST (CPAR)**  CONTINUATION  Page 3 |
| **CPAR Instructions** | |
| Box 1: Check whether the request is for a contract or for a contract amendment. Renewals have been considered new contracts; extensions are amendments. State the beginning (start) and end dates of the new contract or amendment. Most year-long contracts should be July 1, 20XX to June 30, 20XX. Multiple year contracts should so state.  Box 2: Contracts office will assign this once the CPAR is received. Please leave blank unless it is an amendment then you will put the existing contract number here.  Box 3: You will put your program number and fund source code here. PGM title should be two digits. Also, her is it is an amendment you will put the amendment number that is applicable to this existing contract.  Box 4: This is WDVA’s Project Manager, the person who is named in the contract to deal with issues, make call outs, receive billings, and assure the terms of the contract are complied with. All notices, questions, etc. regarding the contract go to him/her.  Box 5: The legal name of the entity we’re contracting with. If a corporation, the corporate name. If an individual, then the person’s name. If more than two parties to the contract, the name of each party.  Box 6: The contact information of the person at the contractor’s facility. The person we would contact with issues, etc. May or may not be the person who signs the contract (This information will be required, if it is available).  Box 7: The legal address of the contractor. This information will be in the contract. If there are contract issues or concerns, the contract office will use this contact information to contact the Contractor.  Box 8: The contractor must be registered with the state of Washington. We need its Statewide Identification number. If that is pending, then we need the Taxpayer ID or the Social Security number in Box 9. This will not be stated in the contract, but is required by accounts payable.  Box 10: State the Contractor’s business organization/ownership status.  Box 10A: Obtain the W-9 for new contractors and identify the State Wide Vendor number should they have one.  Box 11: WDVA requires that all vendors or contractors be registered in webs, find out if they are registered and the date they registered, if not, then have them register at the site identified.  Box 12: This asks for the type of contract. Please mark applicable box or write in the other block if not on the list. Answer if you know.  Box 13: Find out if the company/contractor meets any of the boxes identified. This is the ownership structure. If any box is checked, also find out if they are certified. | |

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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR)** Please Do Not Complete Shaded Yellow Areas | **CONTRACT PROCESSING ACTION REQUEST (CPAR)**  CONTINUATION  Page 4 |
| **CPAR Instructions continued** | |
| Box 14: This asks for the method of contracting. Please mark applicable box or write in the other block if not on the list. Was it a result of a procurement, etc. Answer if you know.  Box 15: Delegated authority is required, must identify if the during the term of the contract if the costs will be over $1 million dollars.  Box 16. Briefly describe the service/goods being provided. Also attach the draft Scope of Work on a separate sheet. Add additional sheets if required.  Box 17: Check the box if you know state or federal government money is the source of the funding for this contract. Then state the amount or percentage of federal monies and the source. For federal funds you will need to identify the CFDA # that comes with the funds.  Box 18. You must complete this box describing why these services cannot be completed by WDVA staff or another state agency.  Box 19. Identify and enter all applicable Codes and percent of the program being charged for each source of funding. List each Code and percent being charged if more than one. If needed, use page to identify all funding sources. For example, if this is maintenance at the Spokane Home, the PIC Code may be 52000. If medical at Retsil, then XXXX. A5s have this information if not sure.  Enter the percentage and amounts in the adjacent boxes. If a new contract put amount is Contract amount column, if an existing contract you will put the cumulative contract amount in this column. If it is an amendment you will identify the amendment amount in the amendment column. Then you will total these two columns to get the total cumulative maximum amount for the contract.  The Request must be signed by the authorized signatory, and the original signed electronic copy forwarded to contracts to keep in the file.  Should you have questions contact the contract office. | |