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| logocw2DEPARTMENT OF VETERAN AFFAIRS **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)** | | | | | | | | | | 1. **CONTRACT/ADMENDMENT PERIOD/PROCUREMENT (Check One Box)**   CONTRACT  AMENDMENT NO. (     )  PROCUREMENT | | | | | |
|  | | | | | | | | | | START DATE: | | | | | |
|  | | | | | | | | | | END DATE: | | | | | |
|  | | | | | | | | | | **2. CONTRACT NUMBER NEW:**       CURRENT **CONTRACT NUMBER:** | | | | | |
|  | | | | | | | | | | **3. BILLIABLE PROGRAMS** | | | PROCUREMENT NO: (     ) | | |
|  | | | | | | | | | | DATE REQUEST FILLED OUT:  PGM TITLE:  FUND SOURCE: | | |  | | |
| **4. DVA CONTRACT/PROCUREMNT MANAGER/LEAD (Individual responsible for procurement or 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/Procurement: (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  Competitive – Exception  Procurement// No. \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **15. Delegated authority: DOES the total ACcumulated contract/Procuremnt period amount exceed $1,000,000.00? yES**  **nO** | | | | | | | | | | | | | | | |
| **16. describe the serviceS/goods to be provided by the contractor or the purpose of the contract and/or amendment in an attachment to this CPAR. (Enter in Space Provide on next pages.)** | | | | | | | | | | | | | | | |
| **17. EXPLAIN WHY THIS SERVICE CANNOT BE PERFORMED BY PERSONNEL OF DVA OR PERSONNEL OF ANOTHER WASHINGTON STATE GOVERNMENT AGENCY. (ENTER IN SPACE PROVIDE ON NEXT PAGES.)** | | | | | | | | | | | | | | | |
| **18. how does this support agency startegic goals and objecives? *(ENTER IN SPACE PROVIDE ON NEXT PAGES.)*** | | | | | | | | | | | | | | | |
| **19. Business need: Provide business need/justification for this EXPENDITURE contract/Procurement? *(ENTER IN SPACE PROVIDE ON NEXT PAGES.)*** | | | | | | | | | | | | | | | |
| **20. IS THIS A BUDGETED ITEM? IF NO, DESCRIBE THE PLAN FOR OFFSETTING THE NEW COST *(ENTER IN SPACE PROVIDE ON NEXT PAGES.)*** | | | | | | | | | | | | | | | |
| **21. Project Impact: List all departments and partners impacted by this project and the impact expected. For example: PMO - project manager resource; IT - UAT and additional network support; Comms - ADA compliance. *(ENTER IN SPACE PROVIDE ON NEXT PAGES.)*** | | | | | | | | | | | | | | | |
| **22. account code to be charged on expenditure documents (Use page two if additional rows needed)** | | | | | | | | | | | | | | | |
| **A. MASTER INDEX**  **CODE** | **B. % OF PROGRAM FUNDING** | **C. SUB OBJ & SUB SUB OBJ**  **CODE** | **D. New or Current CONTRACT AMOUNT** | | | e. Amendment amount  (To be completed only if you are AMENDING or ADJUSTING 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 and 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 | | | New CONTRACT do not exceed maximum amount **(Column D+E):** | | | $ **0.00** | | | |
| **23. 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…………...…… | | | | | | | | | | | **$**       **/**     **%/CFDA #** | | | | |
|  | | | | | | | | | | | **$**       **/**     **%** | | | | |
| Budget Manager: | | | | Date CPAR Reviewed: | | | | | | Signature: | | | | | |
| Chief Financial Officer: | | | | Date CPAR Approved: | | | | | | Signature: | | | | | |
| Contract Staff Name: | | | | Date CPAR Received for Work: | | | | | | Signature: | | | | | |
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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR-E)** | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 2 |
| Continuation of Section **16. describe the serviceS/goods to be provided by the contractor or the purpose of the contract and/or amendment in an attachment to this CPAR.** *(attach budget and detailed scope of work with deliverables/outcomes expected where needed.)*  **If an aquisition, What are the expected ongoing costs of this acquisition? Cost Description. Take into consideration all project and M&O costs. For example: UAT, additional staff, IT AND OTHER EQUIPMENT, software, and licensing. Describe those costs here and how they contribute to the total costs.**  **what is the impact on central office and other administrative costs to support operations and staffing for this work?**  **If an Acquisition, List Potential Vendors That Provide the Good/Service Requested** | |

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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR-E)** | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 3 |
| Continuation of Section **17**: **EXPLAIN WHY THIS SERVICE CANNOT BE PERFORMED BY PERSONNEL OF DVA OR PERSONNEL OF ANOTHER WASHINGTON STATE GOVERNMENT AGENCY. (ENTER IN SPACE PROVIDE ON NEXT PAGES.)** *(ATTACH STATEMENT DOCUMENT IF NEEDED.)* | |
| Continuation of Section **18. how does this support agency startegic goals and objecives?** *ATTACH STATEMENT DOCUMENT IF NEEDED.)* | |
| Continuation of Section **19. Business need: Provide business need/justification for this EXPENDITURE contract/Procurement?** *(ATTACH STATEMENT DOCUMENT IF NEEDED.)* | |

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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR-E)** | | | | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 4 | | |
| Continuation of Section 20: **IS THIS A BUDGETED ITEM? IF NO, DESCRIBE THE PLAN FOR OFFSETTING THE NEW COST** *(ATTACH STATEMENT DOCUMENT IF NEEDED.)* | | | | | | |
| Continuation of Section 21: **PROJECT IMPACT: LIST ALL DEPARTMENTS AND PARTNERS IMPACTED BY THIS PROJECT AND THE IMPACT EXPECTED. FOR EXAMPLE: PMO - PROJECT MANAGER RESOURCE; IT - UAT AND ADDITIONAL NETWORK SUPPORT; COMMS - ADA COMPLIANCE.** *(ATTACH STATEMENT DOCUMENT IF NEEDED.)* | | | | | | |
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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR-E)** | | | | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 5 | | |
| **CONTINUATION OF SECTION 22. 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 |
|  | **%** | / | **$0** | | $0 |
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| **CPAR-E 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 a new contract number once the CPAR is received. Please leave blank unless it is an amendment then you will put the current 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. |

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| logocw2DEPARTMENT OF VETERAN AFFAIRS **(CPAR-E)** | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 6 |
| **CPAR Instructions continued** | |
| 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-E)** | **CONTRACT (EXPENDITURE) PROCESSING ACTION REQUEST (CPAR-E)**  CONTINUATION  Page 7 |
| **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. Describe the service/goods being provided or purpose of the contract. You must attach a detailed Scope of Work and complete budget to the CPAR.  Box 17: You must provide a statement describing why these services cannot be completed by WDVA staff or another state agency. You must attach this to your CPAR.  Box 18. You must provide a statement describing how the contract supports agency strategic goals and objectives. You must attach this to your CPAR.  Box 19. Provide business need/justification for this EXPENDITURE contract/procurement?You must attach this to your CPAR.  Box 20. Provide a statement of whether the project is budgeted or not. If not then describe the plan for offsetting the new costs. (Attach a statement.)  Box 21. Provide a statement on project impacts. List all department/program and partners impacted by this project and the impact expected. (Attach a statement.)  Box 22. 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 in Contract amount column, if an existing contract you will put the cumulative contract amount in this column. If it is an amendment you will then identify the amendment amount in the amendment column. Then you will total these two columns to get the total cumulative not to exceed maximum amount for the contract.  The Request must be signed by the authorized signatory, and an original signed electronic copy/hard copy shall be routed to: Budget Manger for review and then forwarded to the Chief Financial Officer for approval. Once approved by the CFO, then it will be sent to contracts to develop a contract or procurement.  Box 23. 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.  Should you have questions contact the contract office. | |