**Attachment 1**

**Interagency Agreement Detail**

**GENERAL INFORMATION**

1. Interagency Agreement Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Will be supplied by OPASS prior to submission to DBM*

1. Agency Agreement Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Will be supplied by OPASS prior to submission to DBM*

1. Agency Control Number of Prior Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

*Will be supplied by OPASS prior to submission to DBM*

1. Agreement Title (or subject matter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supplied by program*

1. Agreement Start Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does the Agreement include options? (*check one*):

\_\_\_\_ Yes; if yes, how many: \_\_\_\_\_

\_\_\_\_ No

1. Agreement End Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Base period end date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Final Option (if any) end date : \_\_\_\_\_\_\_\_\_\_\_
4. Total Projected Value for Base Term of Agreement: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Value if all options are exercised: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fund Source for the Agreement:
2. \_\_\_ % GF
3. \_\_\_ % SF
4. \_\_\_ % FF

*If it is not already included, please submit line item budget detail and justification with this form.*

1. Overhead - Facilities & Administrative (F&A) Costs:
2. F&A Amount ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. F&A Rate (%): \_\_\_\_\_
4. F&A Rate Base (*check only one*):

\_\_\_\_ Total Direct Costs

\_\_\_\_ Modified Total Direct Costs

\_\_\_\_ Salaries & Wages

1. Number of positions funded by this Agreement:
2. Positions funded Full Time: \_\_\_\_\_
3. Positions funded Part Time: \_\_\_\_\_

*Please note that DBM has asked for a detailed list of all positions funded through this Agreement and an indication of whether each position is funded full time or part time. Full Time is considered equal to a 40 hr work-week. A Grad Assistant working a 20 hrs/week should be reported as “Part Time”.) For each part time position, indicate the percentage of time (e.g., 25%, 40%) the position is being compensated under this Agreement.*

**ADDITIONAL DETAIL INFORMATION**

1. Justification for Agreement. Please explain the following and be specific in your response, providing examples as appropriate.
2. What other alternatives to this Agreement have been considered. *Specifically address the following*:

* Has any effort ever been made to acquire these services through a competitive procurement process? If yes, please describe what efforts have been made, or research has been done to determine if these services could be competitively procured.
* Is there any reason these services could not or should not be competitively solicited in a manner that allows for both the private and public sector proposals?
* Did the Agency consider assigning these services to existing State positions or obtaining additional State positions? Please explain.

1. Why obtaining services through this Agreement was determined to be the best value or most cost effective arrangement to obtain the services being requested.
2. If this Agreement is not approved, what will the impact be on Agency mandates and operations?
3. a) How long has your Agency been obtaining these services through an interagency agreement?
4. Is the need for these services likely to continue beyond the term of this Agreement?
5. Selection of University
6. Please explain how and why this particular university was selected to provide these services.
7. Discuss how these services fit within the mission of the Unit within the University that is party to this Agreement. (*If necessary, please consult with the University to obtain an explanation of how the services requested fit within the University’s mission*.)
8. Please explain what your Agency did to validate the reasonableness of the cost of this Agreement.
9. Please identify the name(s) of the individual(s) designated by the agency to monitor the work performed under this agreement and the correctness of the invoices. Please confirm the agency has procedures in place for both processes.
10. Name and title of individual who will monitor work performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for monitoring work? (*Indicate Yes or No*): \_\_\_\_

1. Name and title of individual who will review invoices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for reviewing invoices? (*Indicate Yes or No*): \_\_\_\_

1. Agency contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Higher Education contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_