**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**OFFICE OF PROCUREMENT AND SUPPORT SERVICES**
**CONTRACT MANAGEMENT TOOL**

**GENERAL INFORMATION**

**Project Title:** _____ **Project Number:** _____

**Contract Term:** ___ year(s) ___ month(s) **Contract Amount:** _____

**Contract File Location** **Paper:** _____ **Electronic:** _____

**CONTRACT MONITOR**

**Name:** _____ **Phone:** _____ **Email:** _____

**CONTRACTOR CONTACT**

**Name:** _____ **Phone:** _____ **Email:** _____

**KEY PERSONNEL**

**Contractor:** _____

**Name:** _____

**Title:** _____

**Phone:** _____ **Email:** _____

**KICK-OFF MEETING**

☐ **Kick-Off Meeting** **Where:** _____ **When:** _____

**Summary:**

☐ **Review Contract and Scope of Work**

| MINIMUM REQUIREMENTS, CERTIFICATIONS, ETC. | | | | |
|---|---|---|---|---|
| **Requirement** | **Expiration Date** | **Within Contract Term** | **Contacted for Renewal** | **Renewal Complete** |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ |

**INSURANCE**

☐ **Insurance** (If yes, please check all applicable Types and indicate corresponding Amounts in the table below.)

| Type | Amount | Insurance Certificate Expiration |
|---|---|---|
| ☐ **Commercial General Liability** | | |
| ☐ **Bodily Injury** | | |
| ☐ **Property Damage** | | |
| ☐ **Personal and Advertising Injury Liability** | | |
| ☐ **Errors and Omissions** | | |
| ☐ **Professional Liability** | | |
| ☐ **Automobile** | | |
| ☐ **Commercial Truck** | | |
| ☐ **Employee Theft** | | |
| ☐ **Workers' Compensation** | | |

| INVOICES | | | | |
|---|---|---|---|---|
| **Date Due** | **Amount** | **Accurate & Complete** (Yes/No) | **If No, Was Contractor Notified?** (Yes/No) | **Resubmission Required** (Yes/No) |
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| DELIVERABLES | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Deliverable Item** | **Contract Section** | **Date Due** | **Received On Time?** | **If No, Was Vendor Notified?** | **Accurate & Complete?** | **Resubmission Required?** | **If Yes, When?** | **If No, Was Payment Withheld?** |
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| MBE GOALS | | | |
|---|---|---|---|
| ☐ **MBE** | | | |
| **If yes, what is the goal?** _____ % | ☐ **Subgoals** (If yes, please identify subgoals below.) | | |
| **African American:** % | **Asian American:** % | **Hispanic American:** % | **Women:** % |

| CONTRACTORS | | | | |
|---|---|---|---|---|
| **Vendor Name** | **Address** | **Contact Name** | **Phone** | **Email** |
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| VENDOR INVOICES | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Month** | **Vendor Name** | **MBE Invoice Received** | **If No, Vendor Contacted?** | **Prime Contractor Invoice Received** | **If No, Vendor Contacted?** | **Match** | **If No, Both Vendors Contacted?** |
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**VSBE GOALS**

☐ **VSBE**

**If yes, please enter the goal:** _____ %

**CONTRACTORS**

| Vendor Name | Address | Contact Name | Phone | Email |
|---|---|---|---|---|
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**DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
**OFFICE OF PROCUREMENT AND SUPPORT SERVICES**
**PROGRAM/CONTRACTOR MEETING**

**Date:** _____

**Contractor Name:** _____

**Contact Name:** _____ **Title:** _____ **Phone:** _____ **Email:** _____

**Reason for meeting:**

**Was issue resolved?** ☐

**If no, list next steps:**

| REPORTING REQUIREMENTS | | | | | | |
|---|---|---|---|---|---|---|
| **Report Name** | **Frequency** | **Received On Time** | **FY** | **January-December** | **If No, Contractor Notified?** | **If Yes, Result** |
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