**MARYLAND DEPARTMENT OF HEALTH**

**OFFICE OF CONTRACT MANAGEMENT AND PROCUREMENT**

**CONTRACT MANAGEMENT TOOL**

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| **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** |

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| **Minimum REquirements, Certifications, Etc.** |
| **Requirement** | **Expiration Date** | **Within Contract Term** | **Contacted for Renewal** | **Renewal Complete** |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |
|       |       | [ ]  | [ ]  | [ ]  |

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

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| **Type** | **Amount** |
| [ ]  **Commercial General Liability** |       |
| [ ]  **Bodily Injury** |       |
| [ ]  **Property Damage** |       |
| [ ]  **Personal and Advertising Injury Liability** |       |
| [ ]  **Errors and Omissions** |       |
| [ ]  **Professional Liability** |       |
| [ ]  **Automobile** |       |
| [ ]  **Commercial Truck**  |       |
| [ ]  **Employee Theft**  |       |
| [ ]  **Workers’ Compensation** |       |

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| **Invoices** |
| **Date Due** | **Amount** | **Accurate & Complete**(Yes/No) | **If No, Was Contractor Notified?**(Yes/No) | **Resubmission Required**(Yes/No) |
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| **Deliverables** |
| **DeliverableItem** | **Contract Section** | **DateDue** | **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:**     % |
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| **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:** |      % |  |
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| **Contractors** |
| **Vendor Name** | **Address** | **Contact Name** | **Phone** | **Email** |
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**MARYLAND DEPARTMENT OF HEALTH**

**OFFICE OF CONTRACT MANAGEMENT AND PROCUREMENT**

**PROGRAM/CONTRACTOR MEETING**

|  |  |  |
| --- | --- | --- |
| **Date:** |       |  |
| **Contractor Name:** |       |
| **Contact Name:** |       | **Title:** |       | **Phone:** |       | **Email:** |       |
|  |
| **Reason for meeting:**      |
|  |
| **Was issue resolved?** [ ]  |
| **If no, list next steps:**      |

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