

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF CONTRACT MANAGEMENT AND PROCUREMENT  
CONTRACT MANAGEMENT TOOL**

| <b>GENERAL INFORMATION</b>  |
|---|
| <b>Project Title:</b> _____ <b>Project Number:</b> _____                                |
| <b>Contract Term:</b> ___ year(s) month(s) <b>Contract Amount:</b> _____                |
| <b>Contract File Location Paper:</b> _____ <b>Electronic:</b> _____                     |
| <b>CONTRACT MONITOR</b>   |
| <b>Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____                              |
| <b>CONTRACTOR CONTACT</b>   |
| <b>Name:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____                              |
| <b>KEY PERSONNEL</b>  |
| <b>Contractor:</b> _____  |
| <b>Name:</b> _____  |
| <b>Title:</b> _____   |
| <b>Phone:</b> _____ <b>Email:</b> _____   |
| <b>KICK-OFF MEETING</b>   |
| <input type="checkbox"/> <b>Kick-Off Meeting</b> <b>Where:</b> _____ <b>When:</b> _____ |
| <b>Summary:</b>   |
| <input type="checkbox"/> <b>Review Contract and Scope of Work</b>                       |

| MINIMUM REQUIREMENTS, CERTIFICATIONS, ETC. |                 |                          |                          |                          |
|--|-----------------|--------------------------|--------------------------|--------------------------|
| Requirement                                | Expiration Date | Within Contract Term     | Contacted for Renewal    | Renewal Complete         |
|  |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| INSURANCE  |               |
|--|---------------|
| <input type="checkbox"/> <b>Insurance</b> (If yes, please check all applicable Types and indicate corresponding Amounts in the table below.) |               |
| <b>Type</b>  | <b>Amount</b> |
| <input type="checkbox"/> <b>Commercial General Liability</b>   |               |
| <input type="checkbox"/> <b>Bodily Injury</b>  |               |
| <input type="checkbox"/> <b>Property Damage</b>  |               |
| <input type="checkbox"/> <b>Personal and Advertising Injury Liability</b>  |               |
| <input type="checkbox"/> <b>Errors and Omissions</b>   |               |
| <input type="checkbox"/> <b>Professional Liability</b>   |               |
| <input type="checkbox"/> <b>Automobile</b>   |               |
| <input type="checkbox"/> <b>Commercial Truck</b>   |               |
| <input type="checkbox"/> <b>Employee Theft</b>   |               |
| <input type="checkbox"/> <b>Workers' Compensation</b>  |               |





| <b>MBE GOALS</b>  |                             |                                |                    |
|---|-----------------------------|--------------------------------|--------------------|
| <input type="checkbox"/> <b>MBE</b><br>If yes, what is the goal? _____ % <input type="checkbox"/> <b>Subgoals</b> (If yes, please identify subgoals below.) |                             |                                |                    |
| <b>African American:</b><br>%   | <b>Asian American:</b><br>% | <b>Hispanic American:</b><br>% | <b>Women:</b><br>% |

| <b>CONTRACTORS</b> |         |              |       |       |
|--------------------|---------|--------------|-------|-------|
| Vendor Name        | Address | Contact Name | Phone | Email |
|                    |         |              |       |       |
|                    |         |              |       |       |
|                    |         |              |       |       |
|                    |         |              |       |       |

| <b>VENDOR INVOICES</b> |             |                      |                          |                                   |                          |       |                                |
|------------------------|-------------|----------------------|--------------------------|-----------------------------------|--------------------------|-------|--------------------------------|
| Month                  | Vendor Name | MBE Invoice Received | If No, Vendor Contacted? | Prime Contractor Invoice Received | If No, Vendor Contacted? | Match | If No, Both Vendors Contacted? |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |
|                        |             |                      |                          |                                   |                          |       |                                |



**VSBE GOALS**

VSBE

If yes, please enter the goal: \_\_\_\_\_ %

**CONTRACTORS**

| Vendor Name | Address | Contact Name | Phone | Email |
|-------------|---------|--------------|-------|-------|
|             |         |              |       |       |
|             |         |              |       |       |
|             |         |              |       |       |
|             |         |              |       |       |

**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:**



