

# Contract Processing Action Request (CPAR)-

(see instructions on page 3)



**1. What are you requesting?**  
 New Contract: # \_\_\_\_\_  
 Amend Existing Contract: # \_\_\_\_\_ Amend. #: \_\_\_\_\_  
 \*Competitive Solicitation: # \_\_\_\_\_

**\*Delegated Authority:**  
 -Direct Buy Limits: \$30,000 / \$40,000 (for small and/or veteran-owned businesses)  
 -Client Services: \$1,000,000 (per projected amount of initial contract term)  
 -IT Purchase Limit: \$1,000,000 (per projected amount of initial contract term / requires DVA IT and OCIO review and approval.)

**2. Type of Contract/Procurement (check all that apply)**

Goods and Services	Client Services
Interagency Agreement	Prof. Serv./Consultant
Information Tech Agreement	Capital Projects
Other: _____	MOU/MOA

**3. Contractor Legal Name:**  
 Universal Business Identifier (UBI): \_\_\_\_\_ UBI Search- [Link](#)  
 Contractor Contact: \_\_\_\_\_  
 Contractor Signatory: \_\_\_\_\_  
 Contractor Address: \_\_\_\_\_  
 Contractor Contact (email/phone): \_\_\_\_\_ / \_\_\_\_\_

**4. Contracting Method:**    Master Contract    Sole Source    Emergency    Direct Buy    Competitive Procurement: # \_\_\_\_\_

**5. Purpose for Amendment?** *(Only complete this section if amending an existing contract – Check ALL applicable boxes)*

Add Funds	Update Statement of Work
Reduce Funds	Extend Contract Period
Update Terms & Conditions	Reduce Contract Period
Other: _____	

**6. Is the contractor/vendor either of the following businesses?** *(Check ALL applicable boxes)*

Minority/Women Owned Business  
 Veteran Owned Business

*To search for small and/or certified veteran owned and OMWBE businesses, click the following links: [Veteran-Owned](#) | [OMWBE](#)*

**If yes, are they certified with OMWBE and/or Veteran Affairs?** *\*If veteran-owned business is not certified, refer them to Shamekia Moultrie, VSOB Mgr.*

**Number of small, veteran-owned and/or OMWBE certified businesses found in your search?** \_\_\_\_\_

**If no search was performed, provide justification here:** \_\_\_\_\_

**7. DES Web Status:** WDVA requires contractors/vendors to be registered in DES WEBS. Is the contractor/vendor registered?

YES     NO    Date Registered: \_\_\_\_\_

If 'NO' is checked, have the contractor/vendor register at:  
<https://des.wa.gov/sell/how-work-state>

**8. Describe the services/goods to be provided by the contractor/vendor and how this supports DVA's strategic goals and objectives. Be sure to include DVA departments and partners impacted by this work and explain why this work cannot be completed internally by DVA staff:**

\_\_\_\_\_

- If an acquisition, what are the expected ongoing costs of this acquisition? Describe costs here and how they contribute to total costs:** *(For example: UAT, additional staff, IT and other equipment, software, and licensing)*
- What is the impact on Central Office and other administrative costs to support operations and staffing for this work?**

Est. Start Date:	Est. End Date:	Current Contract Maximum <small>(If amending contract)</small>	New/Amended Contract Amount	New/Total Contract Maximum	Funding Type(s) & Amount(s):
					*Federal                      Local State                      Private <i>*If Federal funds, include a completed FFATA form if funding is equal to or greater than \$25,000.</i>

**9. Contract Oversight:** *(Who will manage/oversee this work?)*

Contract Manager: \_\_\_\_\_ Email/Phone: \_\_\_\_\_ / \_\_\_\_\_ Department: \_\_\_\_\_

Name of person submitting CPAR *(if different than contract manager):* \_\_\_\_\_ Email/Phone: \_\_\_\_\_ / \_\_\_\_\_

Contract Manager passed DES Contracts Training?    YES    NO    \*If no, ALL State employees who initiate, manage, monitor, or serve on a contract are required to take **WA- State Contract Management 101** and **Procurement Ethics** trainings in the Learning Management System (LMS). To access required trainings, click the following [LINK](#).

(CPAR will not be processed until all DES required trainings are complete)

PIC Code	Percentage
	%
	%
	%
	%

Page 2 Instructions

- **Yellow Table** to be completed (if PIC code is known) by individual filling out CPAR
- **Orange Table** to be completed by budget staff for CPAR-Expenditure
- **Green Table** to be completed by budget staff for CPAR-Revenue

**Only complete this section if submitting CPAR-Expenditure**

MASTER INDEX	% OF PROGRAM FUNDING	SUB OBJ & SUB SUB OBJ	Current Total Contract Amount	Total Amendment Amount <i>(Only complete this column if AMENDING an existing contract)</i>	Total Contract Maximum
	%	/	\$	\$	\$
	%	/	\$	\$	\$
	%	/	\$	\$	\$
	%	/	\$	\$	\$
			\$	\$	\$

Does the above funding include State, Federal, Private and/or Local Funds? YES NO

- a. If State, enter the percent of state funds and source.....Percent of State Funds: % Source:
- b. If Federal, enter amount of federal funds and source/CFDA#.....Percent of Federal Funds: % CFDA#:
- c. If federally funded, complete the following.....Notice of Award (NOA) #:
- d. **Federal Funds:** Under this proposed agreement, is the contractor considered a subrecipient?  
*(If contractor is a federal subrecipient, complete a risk assessment and monitoring plan (RAMP) form if funding is equal to or greater than \$25,000.)*
- e. If Private, enter the percent of private funds and source.....Percent of Private Funds: % Source:
- f. If Local, enter the percent of local funds and source.....Percent of Local Funds: % Source:

**Only complete this section if submitting CPAR-Revenue**

REVENUE CODING	% OF PROGRAM FUNDING	New or Current Total Contract Amount	Total Amendment Amount <i>(Only complete this column if AMENDING and existing contract)</i>	Total Contract Maximum
	%	\$	\$	\$
	%	\$	\$	\$
	%	\$	\$	\$
		\$	\$	\$

Does this additional revenue stream require an unanticipated receipt or an adjustment in spending authority?

If so, has the WDVA budget analyst been notified of the additional revenue? YES NO

If yes, when and for how much? Date: Amount: \$

By signing below, I acknowledge that I have reviewed this document and the accuracy of the contents within, and hereby give my approval to WDVA's Contracts Unit to execute this agreement.

<u>Contract/Program Mgr.:</u>	<u>Date Reviewed:</u>	<u>Signature:</u>
<u>Division Leader/ Sup.:</u>	<u>Date Reviewed:</u>	<u>Signature:</u>
<u>Budget Staff:</u>	<u>Date Reviewed:</u>	<u>Signature:</u>
<u>Chief Financial Officer:</u>	<u>Date Reviewed:</u>	<u>Signature:</u>

## CPAR Instructions

**Top of Page 1-** Click the dropdown at the top of the page to identify if you are requesting a CPAR-Expenditure or CPAR-Revenue.

**Box 1-** Check the box that best identifies your request. If amending a contract, enter the contract number in the space provided along with amendment number. *If requesting a new contract or competitive solicitation, the contracts team will enter the new contract and/or competitive solicitation number.*

**Box 2-** Identify the type of contract/procurement that you are requesting. Check all boxes that apply.

**Box 3-** Enter all contractor information in the spaces provided. *Use the embedded link to lookup Universal Business Identifier (UBI) numbers.*

**Box 4-** Check one box to identify the appropriate contracting method. *If requesting a competitive procurement, the contracts team will enter the competitive procurement number.*

**Box 5-** Only complete this section if amending an existing contract/agreement. Check all appropriate boxes to identify the purpose of the amendment.

**Box 6-** Identify if the contractor/vendor is a certified veteran-, minority-, and/or women-owned business. To search for certified veteran-, minority-, and/or women-owned businesses utilize the embedded links within this section. Click the drop-down to confirm (yes/no) that the vendor is certified. Identify the number of veteran-, minority-, and/or women-owned businesses found in your search. If no search was performed, provide a justification/explanation why a search was not performed. *All boxes outlined in **RED** are required fields. The document will not accept a signature until these sections have been completed.*

**Box 7-** Identify Yes/No if the contractor/vendor is registered in WEBS. If registered in WEBS, enter the date the contractor/vendor was registered. If vendor/contractor is not registered, provide them with the link embedded in this section to register their business. *ALL contractors/vendors **MUST** be registered in WEBS prior to execution of contract/agreement.*

**Box 8-** Provide a narrative describing the services/goods to be provided and how the contract/agreement supports DVA's strategic goals and objectives. Include a description of the potential impact this work would have on DVA departments and partners and explain why this work cannot be completed internally by DVA. If this is an acquisition, describe expected ongoing costs and how they contribute to total cost. Identify the impact on Central Office and other administrative costs to support operations and staffing for this work.

- Enter the estimated start date for the request
- Enter the estimated end date
- If amending a contract, enter the current contract maximum (*only complete this section if amending a current contract/agreement*)
- Enter the new/amended contract amount. *The New/Total contract maximum will automatically calculate.*
- Identify funding types (check all that apply) *If contract/agreement utilizes Federal funds in excess of \$25,000, a Federal Funding Accountability and Transparency Act (FFATA) form is required. If contractor is considered a Federal subrecipient under this contract/agreement, a risk assessment and monitoring plan form is required as well. These forms will be provided by the contracts department and must be completed prior to execution.*

**Box 9-** Complete this section to identify who at WDVA is responsible for overseeing this work. *Note: ALL State employees who initiate, manage, monitor, or serve on a contract are required to take WA- State Contract Management 101 and Procurement Ethics trainings in the LMS. Click the link embedded in this section to complete the required trainings.*

**Top of Page 2-** If known, enter the PIC Code and percentage in the **yellow** table. If unknown, the contracts department will work with budget to complete this section.

- **Orange Table-** To be completed by budget staff for CPAR- Expenditures
- **Green Table-** To be complete by budget staff for CPAR- Revenue

**Final Step-** Contract manager must sign the CPAR before submitting it to the WDVA Contracts Department. Once signed, you will be prompted to save this document. Be sure to save a signed copy for your records. Once signed and saved, send a copy of this CPAR to the Contracts Department to initiate your request. *Note: You will not be able to sign this document until all 'required' fields (top of page 1 and section 6) have been completed.*