



Contract Approval Authorization Checklist

Contract Title Date

Customer

State Use Member/CRP

I. Procurement Status

Type of Procurement: Annual Renewal

Comments:

II. Contract Specifications

a. Council approved service to be provided:
**SUA13-1C-5.A(1) and (2); NMAC 2.40.5.9*

b. Contract Term: Annual Contract

From To Month(s) Number of Years

c. Total Contract Pricing Breakdown: (includes Gross Receipts Tax & CNA Fee) \$

<i>1. Labor</i>		
<i>i. Direct Labor</i>	\$ <input type="text" value="41,000.00"/>	<i>3. Supplies/Materials</i>
<i>ii. Indirect Labor</i>	\$ <input type="text" value="1,125.00"/>	\$ <input type="text" value="9,096.88"/>
<i>2. Insurance/Benefits</i>	\$ <input type="text" value="3,222.56"/>	<i>4. Travel Costs</i>
		\$ <input type="text" value="0.00"/>
		<i>6. Gross Receipts</i>
		\$ <input type="text" value="4,694.28"/>
		<i>7. CNA Fee</i>
		\$ <input type="text" value="2,980.44"/>
		<i>Annual Amount</i>
		\$ <input type="text" value="67,284.16"/>

d. Supply Cost Breakdown:

1. Is the customer providing the supplies to perform this service? No

If yes, describe:

2. Are Supplies/Materials (II.c.2) more than 20% of the total contract value? No

If so, provide a breakdown of supply costs. This should match Supplies/Materials amount in section II.c.2 above.

	Line Item	Amount (\$)
A.		
B.		
C.		
D.		

	Line Item	Amount (\$)
E.		
F.		
G.		
H.		

Total \$

e. Wage Breakdown

Is this information based on a prevailing wage? Yes

1. Direct Labor for Persons with Disabilities:

Hours	Hourly Wage	Total Wage
1500	10.00	15000.00
1300	10.00	13000.00
1300	10.00	13000.00

Total Total \$

2. Direct Labor for Persons without Disabilities:

Hours	Hourly Wage	Total Wage

Total Total \$

3. Indirect Labor for Persons with Disabilities

Hours	Hourly Wage	Total Wage

Total Total \$

4. Indirect Labor for Persons without Disabilities

Hours	Hourly Wage	Total Wage
40	25.00	1125.00

Total Total \$

f. Is Janitorial pricing based on square footage? No

If yes, Sq.Ft: Price/Sq.Ft.: \$

Reasons contributing to higher than normal price per sq. ft.:

g. Is there a subcontractor on the contract? No

If yes, describe:

How many anticipated direct labor hours will the subcontractor perform?

Is the subcontractor a Program Member/CRP? - If yes, list member

If yes, will subcontracted member employ people with disabilities on contract?

III. Scope of Work

Is a full Scope of Work attached? Yes

Summary:

IV. Member Assignment Details

a. Reason for selecting this member/CRP for the contract: (Check all that apply)

- Member requested by purchaser
- Best qualified/most competent member
**NMAC 2.40.5.8A.(1)*
- Equitable distribution of work
**SUA, 13-1C-5.A.5; NMAC 2.40.5.14A,B*
- Only member qualified
- Best price offered
**NMAC 2.40.5.10A,B,C*
- Member researched and identified work to CNA
**Policy & Procedures Manual: Distribution of Contracts*

V. Fair Market Pricing

a. Determination methodology (Check all that apply)

*NMAC 2.40.5.10

- | | | |
|--|-----|--|
| - Price set by purchaser/customer
*NMAC 2.40.5.10 | - | Price agreement
*FMP Procedures (4) B.3. |
| - Council-approved cost analysis worksheet
*SUA13-1C-5.a(3); NMAC 2.40.5.10.E.(2); FMP Procedures | Yes | Industry norm
*SUA13-1C-5.A(3); NMAC 2.40.5.10.E.(1); FMP Procedures |
| - Average of recent bids on most recent solicitations
*FMP Procedures (4) B.2. | - | Another accepted business method proposed to be accepted by the Council
*NMAC 2.40.5.10 |
| - Price no more than 10% above industry norm or average bids (if applicable)
*NMAC 2.40.5.10 C,E | | |

b. Has the customer agreed the price is fair? Yes

Has the customer submitted a Contract Proposal Acceptance Form? Yes

VI. Labor Information

a. Total Direct Labor

1. Total # of Employees: Hours worked:

2. Total People with Disabilities: Hours worked:

Labor Ratio

PWD/Total Direct Labor

*NMAC 2.40.5.8B 7 2.40.5.15B

b. Employees will paid under a special minimum wage certificate on this contract. No

If paying below minimum wage: # of employees below minimum wage:

c. Work provides positive integration opportunities? *SUA, 13-1C-5.A.8; NMAC 2.40.5.15.A(1) Yes

d. Work provides fair pay based on prevailing wages? *SUA, 13-1C-5.A.8; NMAC 2.40.5.15.A(2) Yes

e. Work provides equitable employment opportunities? *SUA, 13-1C-5.A.5; NMAC 2.40.5.15.A(3) Yes

f. Work provides added value/appreciable contribution by PWD? *SUA, 13-1C-5.A.8; NMAC 2.40.5.15.A(4) Yes

Any other Comments, Unusual Circumstances or Conditions relevant to this contact?

Approved by NMCPD: -

Date Approved: