



CONTRACTED SERVICES AGREEMENT – District Use Section Only

To be used with Federal, State & Local Funds

Project/Program Name:
Campus/Dept:
Date of Service:
Total Cost: (Board Approval needed for \$25,000 and above)
Account Number:

Approval Routing

All applicable signatures are needed on this form to approve the requisition. Incomplete agreements will be Voided

Name of Employee Requesting Services	Title of Employee Requesting Services

Signature and date of Employee Requesting Services (also responsible for evaluating services)
Signature and date of Budget Authority (Principal or Department Supervisor) For Funds Being Used
Signature and date of Administrator of Instructional Programs (if applicable)
Signature and date of Fund/Grant Authority Personnel
Signature and date of Associate Superintendent
Signature and date of Superintendent

Purchase Order Compliance Form

Purchasing Level	Requirements (Federal)	Requirements (Local & State)	Additional Approval
\$0 - \$24,999	1 quote needed from a vendor on a purchasing cooperative whom was awarded an EDGAR compliant contract	3 quotes needed from vendors offering the same or similar type of service or 1 quote from a vendor on a purchasing coop	Regular PO routing in Frontline
\$25,000 - \$49,999	3 quotes needed from vendors on different purchasing cooperatives whom were awarded EDGAR compliant contracts	3 quotes needed from vendors offering the same or similar type of service or from vendors on a purchasing coop	Regular PO routing in Frontline plus Board approval of PO at a Board meeting
\$50,000 or greater	Formal solicitation is needed	Formal solicitation is needed	Regular PO routing in Frontline plus Board approval of PO at a Board meeting plus Board approval of solicitation

What goal, objective and strategy in your CIP/DIP are you addressing with this purchase?

What EDGAR compliant purchasing cooperative contract are you using? (For federal funds only)

What purchasing cooperative contract are you using? (For local and state funds only) If not using a purchasing cooperative contract, then attach 3 quotes describing the services or 1 quote from a vendor on a purchasing coop.

*How is it reasonable? **REASONABLE:** A cost is reasonable if sound business practices were followed and price is comparable to current market price. You need to document the basis used for determining that this is a fair and reasonable price.*

*How is it allowable? **ALLOWABLE:** A cost is allowable on the basis of demonstrated competence and qualifications to perform the services.*

*How is it necessary? **NECESSARY:** A cost is necessary if needed to achieve an important program objective (not considered "nice to have".)*

NEW VENDOR PACKET: *if vendor is not setup in Frontline, have vendor complete the new vendor packet and attach it to this contracted services agreement*

- ☐ Yes (vendor is already an approved vendor in the system)
- ☐ No – (new vendor packet attached)

By signing below, individual attests that purchases are reasonable, allowable and necessary per the criteria designated above.

Print Name

Title

Signature of Staff Member

Date

Fraud and Financial Impropriety & Ethics Disclosure

DISCLOSURE OF SUBSTANTIAL INTEREST IN A BUSINESS ENTITY

Chapter 176, Local Government Code applies to employees, vendors and potential vendors acting under delegated authority. More specifically, any government employee may not have an interest in or in any manner be connected with a contract or bid for a purchase of goods or services by an agency of the state; or in any manner, including by rebate or gift, accept or receive from a person to whom a contract may be awarded, directly or indirectly, anything of value or a promise, obligation, or contract for future reward or compensation. Entities who are interested in seeking business opportunities with the district must be mindful of these restrictions when interacting with public purchasers.

Note: "Gift to a Public Servant" is a Class A misdemeanor offense if the recipient is a government employee who exercises some influence in the purchasing process of the governmental body. I further hereby acknowledge that:

1. I have read policy CAA (LOCAL) Fiscal Management Goals and Objectives
2. I have not engaged in fraud or financial impropriety as defined in CAA (LOCAL)
3. I shall act with integrity and diligence in duties involving the District's fiscal resources
4. I understand that if I am found to have committed fraud or financial impropriety, I shall be subject to disciplinary action, which may include termination of employment.

Print Name

Title

Signature of Staff Member

Date

EVALUATION

(To be submitted after completion of services for payment processing along with event agenda, attendee sign-in sheets, event handouts and presentation documents if applicable)

Project/Program Name:

Campus/Dept:

Date of Service:

EVALUATION: *Contracted services should be provided to determine whether the services agreed upon were provided and whether the outcome desired was achieved.*

Please evaluate the contract upon completion of the services and remit this page along with the invoice for payment.

Print Name

Title

Signature of Staff Member

Date