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**Department of Financial Services**

***Division of Accounting and Auditing – Bureau of Auditing***

**SUMMARY OF CONTRACTUAL SERVICES AGREEMENT**

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| **OLO/Department:** |       | **Agency Contact:** |       |
| **FLAIR Contract #:** |       | **Telephone #:** |       |
| **Agency Contract #:** |       |
| **PO #:** |       |
| **Contractor/Vendor/Payee:** |       |
| **Original Contract Amount:** |       | **Total Contract Amount:** |       | **Contract Type:** |       |
| **Contract Start Date:** |       | **Contract End Date:** |       |
| **Contract Last Signed Date:** |       | Advance Funded: |  |
|  |
| **METHOD OF PROCUREMENT:** |       |
| **AGENCY REFERENCE #:** |       |
|  |
| **Invoice Number:** |       | **Invoice Period:** |       |
| **Total Amount of Previous Payments:** |       |
| **CONTRACT MANAGER CERTIFICATION:** |
| I certify, by evidence of my signature, the information on this form is true and correct; the goods and services have been satisfactorily received and payment is now due. I understand that the office of the State Chief Financial Officer reserves the right to require additional documentation and/or to conduct periodic post-audits of any agreements. |
| **Contract Manager Name printed:** |       |
| **Contract Manager Signature:** |  | **Date:** |       |

**Amendments/Renewals/Extensions**

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| --- |
|  |
| **CHANGE TYPE:** |       | **CHANGE DESCRIPTION:** |       |
| **Contract Last Signed Date:** |       | **Agency Amendment Reference:** |       |
| **Amendment Amount:** |       | **New Ending Date:** |       |
|  |
| **CHANGE TYPE:** |       | **CHANGE DESCRIPTION:** |       |
| **Contract Last Signed Date:** |       | **Agency Amendment Reference:** |       |
| **Amendment Amount:** |       | **New Ending Date:** |       |
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| **Amendment Amount:** |       | **New Ending Date:** |       |
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| **Amendment Amount:** |       | **New Ending Date:** |       |
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| **Contract Last Signed Date:** |       | **Agency Amendment Reference:** |       |
| **Amendment Amount:** |       | **New Ending Date:** |       |

**Deliverables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Deliverables as stated in the Contract** | **Minimum Performance Levels** | **Deliverable Price** | **Type of Services** | **Method of Payment** |
|       |       |       |       |       |
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**INSTRUCTIONS**

For all contract and grant agreements that are recorded in the Florida Accountability Contract Tracking System (FACTS), agencies must utilize the Summary of Contractual Services Agreement form that is found in FACTS. This form should be completed in its entirety, signed and dated by the agency contract manager and submitted with each payment request for federal and state grant agreements that are not recorded in FACTS. Please ensure each field on the form is completed according to the guidance provided.

OLO/Department: Agency’s numeric identifier (e.g. 640000/Department of Health).

**Agency Contact**: Agency designated personnel to answer questions regarding payment.

**Telephone #:** Designated personnel phone number.

**FLAIR Contract #:** Identify FLAIR ID number assigned to agreement.

**Agency Contract #:** Identify the agency number assigned to the agreement.

**Contractor/Vendor/Payee**: Identify Vendor/Payee (including d/b/a if applicable).

**Original Contract Amount:** Provide the original contract amount when executed.

**Total Contract Amount:** Provide the contract amount; amount must equal the total amount of the contract; including amendments/renewals/extensions.

**Contract Type:** Provide the FACTS contract type.

**Contract Start Date**: Identify date contract begins.

**Contract End Date:** Identify date contract ends.

**Contract Last Signed Date**: Identify date of execution.

**METHOD OF** Identify the appropriate competitive or non-competitive method of

**PROCUREMENT**: procurement.

**AGENCY REFERENCE #**: Identify specific ITB, RFP, or ITN number. If first payment is being submitted on a competitively procured agreement, provide documentation evidencing procurement (e.g. bid tab). If the procurement was non-competitive provide the specific exemption, statute, CSFA, CFDA, or GAA line item.

**Invoice Number:** Identify the invoice number associated with this payment request.

**Invoice Period:** Identify the invoice period this payment request covers.

**Total Amount of** Provide the cumulative total of the payments to date, excluding current

**Previous Payments**: invoice amount(s).

**CONTRACT MANAGER CERTIFICATION:**

This section is to be completed by the employee designated by the agency to function as the contract manager to certify the information provided on this form is true and accurately reflects the terms and conditions in the executed contract document and approve the identified invoice for payment based on direct knowledge of satisfactory receipt of the goods or services. If the individual completing this section is not the designated contract manager, please provide justification or delegation of authority for the individual to sign this form.

**Contract Manager Name** Print name of the appropriate agency personnel.

**printed:**

**Contract Manager Signature**: Signature of the appropriate agency personnel.

**Date**: Enter the date signed by appropriate agency personnel.

**Amendments/Renewals/Extensions**

**CHANGE TYPE:** Identify the type of change-amendment, renewal, or extension.

**CHANGE DESCRIPTION:** Brief statement describing the changes that have occurred.

**Contract Last Signed Date**: Identify date of execution.

**Agency Amendment Reference:** Identify the agency amendment, renewal or extension number, as applicable.

**Amendment Amount:** Provide the amendment, renewal, or extension amount, as applicable.

**New Ending Date:** Provide the new ending date, if applicable. If the end date changed, the contract end date on page 1 should be updated to reflect the new date.

**Deliverables**

**Deliverables as stated in** Identify the deliverables as stated in the contract.

**the Contract:**

**Minimum Performance Levels:** Identify the minimum levels of service to be completed as stated in the contract.

**Deliverable Price:** Identify the compensation amount for each deliverable.

**Type of Services:** Provide a brief description of the services being provided.

**Method of Payment:** Identify the payment method for each deliverable. For example, fixed- price, fixed-rate, cost reimbursement.