Washington State Department of Social & Health Services
Transforming lives

CHILDREN'S ADMINISTRATION
HEADQUARTERS

Pre-Contract Action Request (P-CAR)

Contract Pre-Screening Tool
(OFM Requirement per DSHS Audit 2004)

Contract Unit Use Only

Date Received:
ACD Approval:
PM Notified:
CM:
Required Forms Received:

1. PERSON MAKING REQUEST DATE

2. CONTRACTOR NAME CONTRACT NUMBER PROGRAM NUMBER

Multiple contracts?
Attach list with Contractor names and contract numbers.

3. CONTRACT INFORMATION
☐ Urgent ☐ New Contract ☐ Amendment ☐ Renewal

4. CONTRACT TYPE
☐ Client Service ☐ Personal Service ☐ Interlocal ☐ Purchased Service ☐ Other:

5. INVOICE TYPE
☐ A-19 ☐ SSPS

6. PAYMENT TYPE
☐ Max Consideration ☐ Fee for Service

7. ☐ Contract Period:
☐ Amendment Period:

8. PROCUREMENT TYPE
☐ None ☐ Competitive ☐ Sole Source
☐ Procurement Number:

9. REQUIRED BY STATUTE

10. COST BENEFIT ANALYSIS COMPLETED
☐ N/a ☐ Yes; attach

11. SERVICES NEEDED; BRIEFLY DESCRIBE

12. Account Coding for new contracts and amendments if additional funding is authorized

FUND	APPN	PRG	SOBJ	SSOBJ	ORG	ALLOC	PROJECT	SPROJ	PROJPH	AMOUNT
000	WWW	W000	WW	0000	W000	0000	W000	W000	W000	

MAXIMUM CONSIDERATION	STATE FUNDS	FEDERAL FUNDS	LOCAL FUNDS	OTHER FUNDS
$	$	$ CFDA NO.	$	$

☐ **No Federal Funds involved**

If Federal Funds involved, Contractor is: ☐ **Vendor** ☐ **Sub-recipient**

13. Headquarter Approvals **Fiscal Manager's initials:** **and date:**

☐ Approved ☐ Denied FPED OFFICE CHIEF'S SIGNATURE DATE

☐ Approved ☐ Denied FPED DIRECTOR'S SIGNATURE DATE

☐ Approved ☐ Denied DEPUTY ASSISTANT SECRETARY'S SIGNATURE DATE

14. Contractor Forms Received, as applicable

☐ Contractor Intake form OR ☐ Contractor Update form ☐ Intake requested license and business documentation
☐ Background Checks ☐ Contract Application and materials ☐ W-9 ☐ Certificate of Insurance

Collective Bargaining Agreement
Analysis Checklist

To assess your obligation to bargain, ask:	YES	NO
Has the work ever been performed by Union represented employees?	☐	☐
Has the work ever been performed by Union represented employees within your unit or facility?	☐	☐
Even if the work has never been, could the contract impact Union represented employees?	☐	☐
Is the contract for work historically performed by Union represented employees legislatively mandated or authorized prior to 07/01/2005?	☐	☐
Has work, historically performed by Union represented employees, been most recently performed by a vendor contract?	☐	☐
If yes, is the proposed new contract a different scope of work than that performed under the previous vendor contract?	☐	☐

- If any answers are yes, the contract will be reviewed for possible notification of the Union and you may be asked for clarification.
- You will be kept informed of the process.
- Reference: Decision Tree at Caoly3:S; Contract Tool Box, Contract Development Tools; Union Review:

NOTE: Above checklist must be completed.

15. APPROVAL SIGNATURE FROM OFFICE CHIEF OR DIRECTOR (OR DESIGNEE)	DATE
PRINT NAME HERE	