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|  | BEHAVIORAL HEALTH ADMINISTRATION (BHA)  BHA CONTRACTS OFFICE  **Vendor Agreement Information** | | | | | | |
| The Subject Matter Expert who submits a purchase request completes this form when a vendor-provided agreement associated with a purchase order is required to be signed. Please complete and email this form and a copy of the proposed Outside Vendor Agreement (OVA) to: the applicable Purchasing Processing Office ([CBS3Institution-Purchasing@dshs.wa.gov](mailto:CBS3Institution-Purchasing@dshs.wa.gov) for WSH, SCC, FSCRP, MLCRP, CCBH-ML); ([esh.eshaccountingcibsemail@dshs.wa.gov](mailto:esh.eshaccountingcibsemail@dshs.wa.gov) for ESH); ([BHAHQAccounting@dshs.wa.gov](mailto:BHAHQAccounting@dshs.wa.gov) for HQ, HQ-IT, OFMHS), to the person who will serve as the DSHS Contract Manager, and to the BHA Contracts Office at [bhacontracts@dshs.wa.gov](mailto:bhacontracts@dshs.wa.gov). | | | | | | | |
| DATE | | CBS PURCHASING OFFICE LOCATION | | | FACILITY(IES) OR OFFICE(S) SERVED | | |
| PR AMOUNT (WITHOUT TAX)  **$** | | PURCHASE REQUEST NUMBER | DSHS CONTRACT NUMBER (IF APPLICABLE) | | | FACILITY OR OFFICE SME (NAME / TITLE) | |
| VENDOR NAME | | | | AGREEMENT START DATE | | | AGREEMENT END DATE |
| VENDOR CONTACT NAME AND TITLE | | | | | | | REQUESTED DATE FOR RETURN OF EXECUTED VENDOR AGREEMENT |
| VENDOR CONTACT EMAIL | | | VENDOR CONTACT PHONE (INCLUDE AREA CODE) | | | |
| VENDOR’S LEGAL DEPARTMENT POINT OF CONTACT (POC) | | | LEGAL DEPARTMENT POC EMAIL | | | | LEGAL DEPARTMENT PHONE NUMBER |
| DELIVERABLES AND DUE DATES | | | | | | | |
| Is this a New Vendor? (If yes, please attach W9)  Yes  No  ITAR required? (If yes, please attach.)  Yes  No  Already on file  SDR required? (If yes, please attach.)  Yes  No  Already on file  Will Vendor’s product interface with DSHS Technology?  Yes  No  Will Category 3 or 4 Data be accessed by Vendor or stored in product?  Yes  No  Will Vendor Personnel enter non-public areas of DSHs Facilities?  Yes  No  Is Union notification required?  Yes  No  Procurement method? | | | | | | | |
| NAME OF STAFF WHO WILL SERVE AS THE DSHS CONTRACT MANAGER (CM) FOR THIS VENDOR AGREEMENT | | | | | | | |
| BRIEF DESCRIPTION OF NEED FULFILLED BY PURCHASE | | | | | | | |
| Has the SME and the DSHS CM read the Vendor Agreement?  Yes  No  **Note:** The Subject Matter Expert (SME) and the DSHS Contract Manager (CM) provide expertise regarding the technical and substantive terms within the Vendor Agreement so that they can be discussed as part of the review prior to signature. | | | | | | | |
| LIST ANY ISSUES WHICH MAY REQUIRE CORRECTION | | | | | | | |
| Indicate which category this Vendor Agreement falls under:  Meeting, conference / training event or facility rental  Software license or subscription  Software maintenance and support  Equipment lease or purchase  Equipment maintenance or repair  Operational services (describe):  Operational supplies (describe):    Other (describe): | | | | | | | |
| DSHS CM SIGNATURE DATE | | | | | | | |