**MARYLAND DEPARTMENT OF HEALTH**

**OFFICE OF PROCUREMENT AND SUPPORT SERVICES**

**CONTRACT MANAGEMENT TOOL**

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| **General Information** | | | | | | | | | | | | | | | | | |
| **Project Title:** | | |  | | | | | | | | | | | | **Project Number:** | |  |
| **Contract Term:** | | | | year(s) month(s) | | | | | | | **Contract Amount:** | | |  | | | |
| **Contract File Location** | | | | | | **Paper:** |  | | | | | **Electronic:** | |  | | | |
|  | | | | | | | | | | | | | | | | | |
| **Contract Monitor** | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Phone:** | |  | | **Email:** |  | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Contractor contact** | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | **Phone:** | |  | | **Email:** |  | | | | |
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| **Key Personnel** | | | | | | | | | | | | | | | | | |
| **Contractor:** | |  | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | | | | | | |
| **Title:** | |  | | | | | | | | | | | | | | | |
| **Phone:** | |  | | | | | | **Email:** | |  | | | | | | | |
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| **Kick-Off Meeting** | | | | | | | | | | | | | | | | | |
| **Kick-Off Meeting** | | | | | **Where:** | | | |  | | | | | | **When:** |  | |
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| **Summary:** | | | | | | | | | | | | | | | | | |
| **Review Contract and Scope of Work** | | | | | | | | | | | | | | | | | |

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| **Minimum REquirements, Certifications, Etc.** | | | | |
| **Requirement** | **Expiration Date** | **Within Contract Term** | **Contacted for Renewal** | **Renewal Complete** |
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| **Insurance** |
| **Insurance** (If yes, please check all applicable Types and indicate corresponding Amounts in the table below.)   |  |  | | --- | --- | | **Type** | **Amount** | | **Commercial General Liability** |  | | **Bodily Injury** |  | | **Property Damage** |  | | **Personal and Advertising Injury Liability** |  | | **Errors and Omissions** |  | | **Professional Liability** |  | | **Automobile** |  | | **Commercial Truck** |  | | **Employee Theft** |  | | **Workers’ Compensation** |  | |
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| **Invoices** | | | | |
| **Date Due** | **Amount** | **Accurate & Complete** (Yes/No) | **If No, Was Contractor Notified?** (Yes/No) | **Resubmission Required** (Yes/No) |
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| **Deliverables** | | | | | | | | |
| **Deliverable Item** | **Contract Section** | **Date Due** | **Received On Time?** | **If No, Was Vendor Notified?** | **Accurate & Complete?** | **Resubmission Required?** | **If Yes, When?** | **If No, Was Payment Withheld?** |
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| **MBE Goals** | | | | | |
| **MBE**  **If yes, what is the goal?** | % | | **Subgoals** (If yes, please identify subgoals below.) | | |
|  | | | | | |
| **African American:**       % | | **Asian American:**       % | | **Hispanic American:**       % | **Women:**       % |
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| **Contractors** | | | | |
| **Vendor Name** | **Address** | **Contact Name** | **Phone** | **Email** |
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| **Vendor Invoices** | | | | | | | |
| **Month** | **Vendor Name** | **MBE Invoice Received** | **If No,  Vendor Contacted?** | **Prime Contractor Invoice Received** | **If No,  Vendor Contacted?** | **Match** | **If No,  Both Vendors Contacted?** |
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| **VSBE Goals** | | |
| **VSBE**  **If yes, please enter the goal:** | % |  |
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| **Contractors** | | | | |
| **Vendor Name** | **Address** | **Contact Name** | **Phone** | **Email** |
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**MARYLAND DEPARTMENT OF HEALTH**

**OFFICE OF PROCUREMENT AND SUPPORT SERVICES**

**PROGRAM/CONTRACTOR MEETING**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | | |  | | | | | | |
| **Contractor Name:** | | |  | | | | | | | |
| **Contact Name:** | |  | | | **Title:** |  | **Phone:** |  | **Email:** |  |
|  | | | | | | | | | | |
| **Reason for meeting:** | | | | | | | | | | |
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| **Was issue resolved?** | | | | | | | | | | |
| **If no, list next steps:** | | | | | | | | | | |

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| **REPORTING REQUIREMENTS** | | | | | | |
| **Report Name** | **Frequency** | **Received On Time** | **FY** | **January-December** | **If No,  Contractor Notified?** | **If Yes, Result** |
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