**Inter-Agency Agreement (IA) Checklist**

***Use this form to secure preliminary approval to develop, modify or continue an IA.***

Form should be completed and signed by program representative, then forwarded for approval by the Deputy Secretary via Chief of Staff for the requesting MDH Administration making the IA request, who will forward the signed checklist to OPASS for further review and final presentation to MDH Chief Operating Officer (COO) for consideration. After final approval, OPASS will notify program representatives whether checklist is approved so that program may proceed with IA.

Proposed IA Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of IA is this? \_\_\_\_\_ staffing \_\_\_\_\_ service

Who supervises IA staff? \_\_\_\_\_\_\_ MDH \_\_\_\_\_\_\_\_ recipient of MDH funds

If staffing, how many positions are supported by this IA? \_\_\_\_\_ filled \_\_\_\_\_ vacant

Does this IA fulfill the requirements of a federal grant? \_\_\_\_\_ yes \_\_\_\_\_ no

Grant title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous OPASS# (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous contractor (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before requesting approval of an IA, please complete the following:**

1. Briefly describe the services that are provided through this IA and the program it supports. Use outcomes to describe the service. It is assumed that every program has merit, so long advocacy statements are not helpful. Simply describe services needed.

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1. Why can’t these services be performed by existing MDH personnel? Please provide evidence of process analysis and cross cutting organizational review.

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1. If this IA is for staffing, explain why MDH needs are not being filled by a new or existing PIN, special payroll employee, or contract personnel.

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1. What research was done to determine the reasonableness of the cost of this IA?

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1. What was done to determine whether services could be acquired through a competitive procurement open to public and private entities? Specify whether you have plans to transition staff from this IA in the future and if so, describe those plans. Include timelines and attach documentation.

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1. Further explanation of justification for IA to support why using an IA is the most cost beneficial option, or why use of an IA is the best value option for the State.

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*Please attach Inter-Agency Report, Scope of Work, and other IA descriptions available.*

Signature of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_

Name/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Deputy Secretary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OPASS IA Contract Officer’s Remarks:*

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*Approval Recommended:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dana Dembrow – Director of Procurement:

*IA Request Approved:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date::\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dennis Schrader -- Chief Operating Officer

Remarks/Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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