

## PROCESSING GUIDELINES FOR CONTRACT REQUEST

- A. Complete the JJIS "OYA Contract Request & Justification Statement" (OYA 2011). **IF** the JJIS system is down, use the OYA Contract Request & Justification Statement (YA 2011) in the Outlook Form Folder.
- B. Review the information, making sure all information is **accurate and complete**.
- C. You should begin to work with this contractor to make sure the proper **Insurance Provisions** will be met.
- D. To allow sufficient time for processing, the proposed start date on each contract **must** be as follows:
  - 1 Contracts Under \$75,000.00: The proposed start date must be **at least 20 days** after the OYA Contracts Unit receives the signed request. The 20 day rule does not apply to Urgent Care contracts.
  - 2 Contracts Over \$75,000.00: The proposed start date must be **at least 30 days** after the OYA Contracts Unit receives the signed request.
  - 3 Intergovernmentals: The proposed start date must be **at least 60 days** after the OYA Contracts Unit receives the signed request.
  - 4 End of Biennium Contracts: The 20 day advance request does not apply to contracts ending June 30th at the end of a biennium. All requests for new biennium contracts must be completed and received by the OYA Contracts Unit by April 15th.
- E. Contract Requests require two (2) signatures. If the authorized personnel do not sign the Contract Request, it will be returned and the start date will be delayed. If you are unsure who has authority to approve your Contract Request, please call the OYA Support Central Contracts Unit.

# OYA CONTRACT REQUEST & JUSTIFICATION STATEMENT

**Log Number:** 11340  
**Contract Description:** JJIS Research Extract - AMH Clients w/JJIS Referral History

1. **(X) New Contract**
2. **Date Request Submitted:** 02/09/2009
3. **Request Entered By:** Cox, Philip  
**Phone Number:** (503)373-7531
4. **OYA Contract Administrator:** JJIS Research - MOU, Resrch Extract  
**Phone Number:**  
**Location/Address:** 530 Center St NE Suite 300, Salem, Oregon 97301 United States
5. **Contractor:**  
**Name:** Department of Human Services  
**Mailing Address:** 500 Summer Street NE, 4th Floor, Salem, Oregon 97301 United States  
**Contract Contact Person:**  
**Phone Number:** (503)945-5781 **Fax Number:**

6. **Start Date:** 02/09/2009 **End Date:** 02/09/2011

7. **Describe Services:**

**A. What are we buying? (Detailed description of the services including any required licenses/certificates)**  
 Data Extract

**B. Why are we buying it? (Use words to describe desired goals and outcomes)**  
 AMH will identify its clients from JJIS data and estimate the proportion of clients with legal encounters and served in the JJIS system. Staff will learn from the data as treatment outcome and use the information for future planning and improvements (Required by SB267).

**C. How will we know we got it? (i.e. finished product, or what will have taken place and how reported, etc.)**

8.	Program Costs:						
Program	JJIS #	Regular Rate	Absent Rate	Unit	Max # of Units	Capacity	Amount Not to Exceed

**Other payment considerations:**

Phil Cox - OYA Contact

Access 2/9/09:

Berhanu Anteneh, Senior Research Analyst

Lucia Eleen, Operations & Policy Analyst

**Total NOT TO EXCEED amount: \$0.00**

**9. Location where services will be provided:** (if different from mailing address or if the mailing address is a PO Box)

<b>Address</b>	<b>Program</b>
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**10. Justification:**

- A. Why is this contract necessary? What will be accomplished?**
  
- B. Why can't OYA employees do this work?**
  
- C. What methodology/rationale was used to establish the compensation?**
  
- D. Was there legislative involvement in the decision or direction to contract? (If so, please explain.)**

**11. Selection Process:** (must be completed) Note: Per Reporting Regulation (OAR) 125-246-0353, this information is used for legislative tracking.

**A Process used:    Number:**  
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**B For Youth Specific Contract/Client Services, explain why a specific provider was selected without solicitation:**  
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**C The contractor selected is considered a "Sole Source" Provider because it is the ONLY qualified and available Provider as determined by the following:** *(These are rare and usually require a sole source advertisement. Call Contracts Unit before using this option.)*  
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**12. Contractor to submit billings on:** Invoice Voucher

**13. Manager's Approval: (Contract and Funds are authorized)**

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director Signature

\_\_\_\_\_  
Date

**14. Budget to be charged:**

**Pri    INDEX:            PCA:            OBJECT:**  
**ma**  
**ry**  
**Sec    INDEX:            PCA:            OBJECT:**

**ond  
ary**

**15. Budget Office Reviewed.**

\_\_\_\_\_  
Budget Analyst Signature

\_\_\_\_\_  
Date