



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 for WSH, SCC, FSCR, MLCRP, CCBH-ML); (esh.eshaccountingcibsemail@dshs.wa.gov for ESH); (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.

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) <input type="checkbox"/> Yes <input type="checkbox"/> No ITAR required? (If yes, please attach.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already on file SDR required? (If yes, please attach.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Already on file Will Vendor's product interface with DSHS Technology? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Category 3 or 4 Data be accessed by Vendor or stored in product? <input type="checkbox"/> Yes <input type="checkbox"/> No Will Vendor Personnel enter non-public areas of DSHs Facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Union notification required? <input type="checkbox"/> Yes <input type="checkbox"/> No Procurement method? Choose an item.				
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Meeting, conference / training event or facility rental <input type="checkbox"/> Software license or subscription <input type="checkbox"/> Software maintenance and support <input type="checkbox"/> Equipment lease or purchase <input type="checkbox"/> Equipment maintenance or repair <input type="checkbox"/> Operational services (describe): _____ <input type="checkbox"/> Operational supplies (describe): _____ <input type="checkbox"/> Other (describe): _____				
DSHS CM SIGNATURE				DATE