**Attachment 1**

**Interagency Agreement Detail**

1. Interagency Agreement Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please use the same DBM control number that will be used on the Annual Interagency Agreement Report to report this Agreement.*

1. Agency Agreement Control Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agency Control Number of Prior Agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_
3. Agreement Title (or subject matter): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Agreement Start Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Does the Agreement include options? (*check one*):

\_\_\_\_ Yes; if yes, how many: \_\_\_\_\_

\_\_\_\_ No

1. Agreement End Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Base period end date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Final Option (if any) end date : \_\_\_\_\_\_\_\_\_\_\_
4. Total Projected Value for Base Term of Agreement: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Projected Value if all options are exercised: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fund Source for the Agreement:
2. \_\_\_ % GF
3. \_\_\_ % SF
4. \_\_\_ % FF

*If it is not already included in Agreement, please submit line item budget detail and justification with this form.*

1. Overhead/Indirect - Facilities & Administrative (F&A) Costs:
2. F&A Amount ($): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. F&A Rate (%): \_\_\_\_\_
4. F&A Rate Base (*check only one*):

\_\_\_\_ Total Direct Costs

\_\_\_\_ Modified Total Direct Costs

\_\_\_\_ Salaries & Wages

1. Number of positions funded by this Agreement:
2. Positions funded Full Time: \_\_\_\_\_
3. Positions funded Part Time: \_\_\_\_\_

*Please note that DBM has asked for a detailed list of all positions funded through this Agreement and an indication of whether each position is funded full time or part time. Full Time is considered equal to a 40 hr. work-week. A Grad Assistant working a 20 hrs./week should be reported as “Part Time”. For each part time position, indicate the percentage of time (e.g., 25%, 40%) the position is being compensated under this Agreement.*

**Agreement Justification**

1. Please explain what other alternatives to this Agreement have been considered. *Address each section below.*
2. Has any effort ever been made to acquire these services through a competitive procurement process? If yes, please describe what efforts have been made, when those efforts were made, the result of those efforts and what research has been done to determine if these services could be competitively procured. (*Please attach any documentation of efforts taken and mentioned below*.)
3. Is there any reason these services could not or should not be competitively solicited in a manner that allows for both the private and public sector proposals?
4. Did the Agency consider assigning these services to existing State positions or obtaining additional State positions? Please explain.

1. Best Value and Cost Reasonableness: Please explain what your Agency did to validate the reasonableness of the cost of this Agreement. Include any additional explanation as to why obtaining services through this Agreement determined to be the best value to the State. (*Please attach any documentation of efforts taken and mentioned below*.)
2. If this Agreement is not approved, what will the impact be on Agency mandates and operations?
3. Use of Interagency Agreement

a) How long has your Agency been obtaining these services through an interagency agreement? \_\_\_\_\_

1. Is the need for these services likely to continue beyond the term of this Agreement?

Yes \_\_\_\_\_ No \_\_\_\_

1. Selection of University
2. Please explain how and why this particular university was selected to provide these services.
3. Discuss how these services fit within the mission of the Unit within the University that is party to this Agreement. (*If necessary, please consult with the University to obtain an explanation of how the services requested fit within the University’s mission*.)

**HBCU Outreach Efforts**

*Please complete each of the following if the proposed contractor is not an HBCU*

1. Person performing or responsible for HBCU outreach:
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Which HBCUs were contacted about performing services related to this Agreement? *Check all that apply.*

\_\_\_\_ Bowie State University (BSU)

\_\_\_\_ Coppin State University (CSU)

\_\_\_\_ Morgan State University (MSU)

\_\_\_\_ UM Eastern Shore (UMES)

For HBCUs not contacted, please provide reason(s) why no outreach was performed

1. For each HBCU contacted, please provide the following information and attach documentation of outreach/contact made with each HBCU:
2. Name of HBCU contacted
3. Initial date HBCU was contacted
4. Method by which HBCU was contacted
5. Response of HBCU (e.g., not interested, interested in partnering/subcontracting, submitted a proposal, other – please explain)
6. For each HBCU that submitted a proposal, briefly explain why they were not selected for Agreement award.
7. Was the proposed university contractor contacted by your Agency to discuss potential opportunities for a HBCU to partner or subcontract to provide services requested in the Agreement?

\_\_\_\_\_Yes

\_\_\_\_\_No

1. If Yes, please attach documentation of outreach/contact made with proposed university contractor and describe results of discussion.
2. If No, please explain why this discussion did not occur.

**Monitoring and Contact Information**

1. Please identify the name(s) of the individual(s) designated by the agency to monitor the work performed under this agreement and the correctness of the invoices. Please confirm the agency has procedures in place for both processes.
2. Name and title of individual who will monitor work performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for monitoring work? (*Indicate Yes or No*): \_\_\_\_

1. Name and title of individual who will review invoices: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Procedures in place for reviewing invoices? (*Indicate Yes or No*): \_\_\_\_

1. Agency contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Higher Education contact for this agreement:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_