

Contract Monitoring Plan

Contractor Name: _____/UTS-20__ - _____

DEPARTMENT/DEPARTMENT CONTRACT ADMINISTRATOR* (DCA) INFORMATION <i>*sometimes referred to as the contract manager</i>		CONTRACTOR/SUPPLIER INFORMATION	
DCA Name:		Name:	
Department:		Contact Name:	
Phone:		Phone:	
Email Address:		Email Address:	

Contract Team Members:

Contract Effective Date: _____ **Contract Termination Date:** _____

Risk Factors:

Medium

Amount of Agreement \$ _____

Term of Agreement: _____ years

Prepayment Progress Payments

Data Security Issues:

Accessibility Issues: Exception Required

Safety or Security Issues:

HUB Subcontracting Plan

SOW Deliverables: Specific

High

Amount of Agreement \$ _____

Amount of Agreement: Undetermined

Term of Agreement: _____ years

Personal, health, and safety data:

Intellectual Property Issues:

SOW Deliverables: Not Specific

Monitoring Plan:

A contract initiation call/meeting will be conducted to review contract requirements, risk assessment and contract monitoring plan.

DCA will review and approve invoices prior to submission to Accounts Payable:

Verify receipt of deliverables with project lead

If required, Contractor/Supplier will submit a HUB Progress Assessment Report (PAR) with each invoice (DCA will submit with invoice and provide a copy to the HUB Office).

DCA will maintain a file of all key communications with contractor/supplier related to the contract.

Contractor/Supplier will provide quarterly progress reports to the DCA.

Contract Monitoring Plan

Contractor Name: _____/UTS-20____-_____

Contractor/Supplier must execute and comply with the FERPA Confidentiality and Security Addendum.

DCA will notify the Office of Contracts and Procurement of any contract related issues that cannot be resolved.

DCA will obtain initial and annual certificates of insurance (COI)

DCA will complete the included contract close-out form at the conclusion of the contract.

Please list additional items for monitoring in the box below:

Contract Close-Out Form

Contractor Name: _____/UTS-20__ - _____

	Contract Monitoring Items	Yes	No	N/A
1	A contract initiation call/meeting was conducted to review contract requirements, risk assessment and contract monitoring plan.			
2	DCA received and approved invoices prior to submission to Accounts Payable:			
2a	Verified receipt of deliverables with project lead			
2b	If required, Contractor/Supplier submitted HUB PAR with each invoice (DCA submitted with invoice and provided a copy to the HUB Office)			
3	DCA maintained a file of all key communications with the supplier related to the contract.			
4	Contractor/Supplier provided quarterly progress reports to the DCA.			
5	Contractor executed and complied with the FERPA Confidentiality and Security Addendum.			
6	DCA obtained initial and annual certificates of insurance (COI)			
7	Contractor/Supplier, upon execution of any Order Form (Exhibit B) under the Agreement, submitted a fully executed copy to the DCA.			
8	DCA conducted a contract close-out review and the conclusion of the contract with Contractor.			

Notes: Please identify any high-level issues found with any of the items listed above or provide any other relevant findings. Additionally, explain any items that are marked "no" above.

Contract Close-Out Form

Contractor Name: _____/UTS-20____-_____

N/A Systemwide Contracts - Total Spend per U. T. institution:

Institution	Number of Project Addenda Executed	Total Spend
UT Arlington		\$
UT Austin		\$
UT Dallas		\$
UT El Paso		\$
UT Permian Basin		\$
UT Rio Grande Valley		\$
UT San Antonio		\$
UT Tyler		\$
UT Southwestern		\$
UTMB Galveston		\$
UT Health Houston		\$
UT Health San Antonio		\$
UT MD Anderson		\$
UT Health Tyler		\$

(Add UT System Administration spend in Comments section below.)

Spend per Year:

Year One (Initial Term)	\$
Year Two (Initial Term)	\$
Year Three (Initial Term)	\$
Year Four (First Renewal Term)	\$
Year Five (Second Renewal Term)	\$

(If contract term is more than five years, add additional spend in Comments section below.)

Total Spend:

Contract Approved Value <i>(including renewals):</i>	\$
Contract Actual Spend <i>(including renewals):</i>	\$

Contractor Performance: Acceptable Unacceptable-*requires comments*

Comments regarding Spend per Year; Total Spend; and Contractor Performance:

Contract Close-Out Form

Contractor Name: _____/UTS-20____-_____

This fully executed Contract Close-Out Form and the corresponding Contract Monitoring Plan must be signed by the DCA and the Director of Contracts & Procurement within thirty (30) days of the contract expiration date.

THIS CONTRACT CLOSE-OUT FORM IS APPROVED BY THE FOLLOWING UT SYSTEM REPRESENTATIVES:

Signature: _____

DCA: _____

Title: _____

Date: _____

Signature: _____

Name: _____

Director, Contracts & Procurement

Date: _____