<u>Timeline for the Contracting Audit:</u> 8/1/19
8/1/19 8/1/19
8/5/19 –
8/7/19 8/12/19
8/16-8/30/19
9/3/19

Created by MCM 07/2019

Contract Name	Contractor Name	Type of Contract	Contract Effective Date / Contract Term	Start Date of the Contract Work	Form W-9 Provided - Y or N	Evidence Contractor Complied with Tax Laws Before & During the Contract Term - Y or N?	Finger Print & Background Check Completed, if applicable - Y or N?	Background Check Requirement for Contractor Completed - Y or N?	Was a Comparison with other Contracts Performed - Y or N?	Was Public Notice Required - Y or N?
Contract Renewal - Evidence of Continuous Improvement Reviewed (e.g. Client Survey, PPS Feedback) - Y or N?	Exhibits Reviewed - Y or N?	Errors & Omissions Insurance Valid & Sufficient for Period of Contract with Minimum \$1M - Y or N?	€ General Liability Insurance, if applicable - Y or N	& Sufficient, if	Certification of Insurance Provided within 48 hours of District Request - Y or N?	Y or N?				
	\$50,000 - Y or N?	Competitive Price or Exemption Obtained for Contract >\$10,000 - Y or N?	Cover Memo Template Completed - Y or N?	Board Reviewed and Approved Contract over \$150,000 - Y or N?	Contract Signed by Contractor - Y or N?	Contract Signed by Contr				

Contract Name	Statement of Work	Registration	Evidence of
		Number and State	Registration
		of Registration	Provided -



Contract Name

