**Contract #** **Fiscal Year Begins****Ends**

This contract is hereby entered into by and between the XXXXX County Department of Social Services (the "County") and       (the "Contractor") (referred to collectively as the “Parties”). The Contractor’s federal tax identification number or Social Security Number is       and DUNS Number *(optional*).

1. **Contract Documents:** This Contract consists of the following documents:
2. This contract
3. The General Terms and Conditions (Attachment A)
4. The Scope of Work, description of services, and rate (Attachment B)
5. Federal Certification Regarding Drug-Free Workplace & Certification Regarding Nondiscrimination (Attachment C)
6. Conflict of Interest (Attachment D)
7. No Overdue Taxes (Attachment E)
8. Federal Certification Regarding Environmental Tobacco Smoke (Attachment F)
9. Federal Certification Regarding Lobbying (Attachment G)
10. Federal Certification Regarding Debarment (Attachment H)
11. *If applicable*, HIPAA Business Associate Addendum (checklist and forms)
12. Certification of Transportation (Attachment J)
13. *If applicable*, IRS federal tax exempt letter or 501 (c)(Attachment K) <http://www.irs.gov/pub/irs-fill/k1023.pdf>
14. Certain Reporting and Auditing Requirements (Attachment L)

(14) Contract Determination Questionnaire (required)

These documents constitute the entire agreement between the Parties and supersede all prior oral or written statements or agreements.

1. **Precedence among Contract Documents:** In the event of a conflict between or among the terms of the Contract Documents, the terms in the Contract Document with the highest relative precedence shall prevail. The order of precedence shall be the order of documents as listed in Paragraph 1, above, with the first-listed document having the highest precedence and the last-listed document having the lowest precedence. If there are multiple Contract Amendments, the most recent amendment shall have the highest precedence and the oldest amendment shall have the lowest precedence.
2. **Effective Period:** This contract shall be effective on      and shall terminate on      ,

This contract must be twelve months or less.

1. **Contractor’s Duties:** The Contractor shall provide the services and in accordance with the approved rate as described in Attachment B, Scope of Work.
2. **County’s Duties:** The County shall pay the Contractor in the manner and in the amounts specified in the Contract Documents. The total amount paid by the County to the Contractor under this contract shall not exceed $      . This amount consists of $       in Federal funds (CFDA #     ), $       in State Funds, $      in County funds

a. There are no matching requirements from the Contractor.

  b. The Contractor’s matching requirement is $     , which shall consist of:

In-kind  Cash

Cash and In-kind  Cash and/or In-kind

The contributions from the Contractor shall be sourced from non-federal funds.

The total contract amount including any Contractor match shall not exceed $     .

1. **Reporting Requirements:**

Contractor shall comply with audit requirements as described in N.C.G.S. § 143C-6-22 & 23 and OMB Circular A-133. and shall disclose all information required by 42 USC 455.104, or 42 USC 455.105, or 42 USC 455.106.

1. **Payment Provisions:**

Payment shall be made in accordance with the Contract Documents as described in the Scope of Work,

Attachment B.

1. **Contract Administrators:** All notices permitted or required to be given by one Party to the other and all questions about the contract from one Party to the other shall be addressed and delivered to the other Party’s Contract Administrator. The name, post office address, street address, telephone number, fax number, and email address of the Parties’ respective initial Contract Administrators are set out below. Either Party may change the name, post office address, street address, telephone number, fax number, or email address of its Contract Administrator by giving timely written notice to the other Party.

**For the County:**

|  |  |
| --- | --- |
| IF DELIVERED BY US POSTAL SERVICE | IF DELIVERED BY ANY OTHER MEANS |
| Name & Title | Name & Title |
| County | County |
| Mailing Address | Street Address |
| City, State, Zip | City, State, Zip |
|  |  |
| Telephone |  |
| Fax |  |
| Email |  |

**For the Contractor:**

|  |  |
| --- | --- |
| IF DELIVERED BY US POSTAL SERVICE | IF DELIVERED BY ANY OTHER MEANS |
| Name & Title | Name & Title |
| Company Name | Company Name |
| Mailing Address | Street Address |
| City State Zip | City State Zip |
|  |  |
| Telephone |  |
| Fax |  |
| Email |  |

**9. Supplementation of Expenditure of Public Funds:**

The Contractor assures that funds received pursuant to this contract shall be used only to supplement, not to supplant, the total amount of federal, state and local public funds that the Contractor otherwise expends for contract services and related programs. Funds received under this contract shall be used to provide additional public funding for such services; the funds shall not be used to reduce the Contractor’s total expenditure of other public funds for such services.

1. **Disbursements:**

As a condition of this contract, the Contractor acknowledges and agrees to make disbursements in accordance with the following requirements:

1. Implement adequate internal controls over disbursements;
2. Pre-audit all vouchers presented for payment to determine:
   * Validity and accuracy of payment
   * Payment due date
   * Adequacy of documentation supporting payment
   * Legality of disbursement
3. Assure adequate control of signature stamps/plates;
4. Assure adequate control of negotiable instruments; and
5. Implement procedures to insure that account balance is solvent and reconcile the account monthly.

1. **Outsourcing to Other Countries:**

The Contractor certifies that it has identified to the County all jobs related to the contract that have been outsourced to other countries, if any. The Contractor further agrees that it will not outsource any such jobs during the term of this contract without providing notice to the County.

1. **Federal Certifications:**

Individuals and Organizations receiving federal funds must ensure compliance with certain certifications required by federal laws and regulations. The contractor is hereby complying with Certifications regarding Nondiscrimination, Drug-Free Workplace Requirements, Environmental Tobacco Smoke, Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions, and Lobbying. These assurances and certifications are to be signed by the contractor’s authorized representative.

1. **Specific Language Not Previously Addressed:**

|  |
| --- |
| ( *can be delted if not needed)* |

1. **Signature Warranty:** The undersigned represent and warrant that they are authorized to bind their principals to the terms of this agreement.

The Contractor and the County have executed this contract in duplicate originals, with one original being retained by each party.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

**COUNTY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature  ***(must be legally authorized to sign contracts for County DSS)*** Date

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of County Finance Officer Date