This Self-Assessment Questionnaire (SAQ) is a tool to be used by an agency to:

* Develop fiscal and administrative controls.
* Evaluate the adequacy of existing procedures, both as written and actually performed.
* Ensure that written procedures and actual practices are the same.

Each agency should review its procedures **at least biennially** to ensure compliance with the minimal internal control standards as set forth in this SAQ. By completing the SAQ, an agency can identify potential internal weaknesses.

The SAQ is designed so that a “No” response indicates an area of concern, which may require corrective action in written procedures and/or actual practices, such as:

1. Developing new or revised procedures to correct the deficiency found; or
2. Implementing a compensating control.

The Comments/Issues column should be used for agency’s notes.

SAQs should be reviewed and approved by management and the original maintained in the agency’s files for audit purposes.

This document is to be used to help complete the agency’s Biennial Report on Internal Controls, which is due by July 1 of each even-numbered year.

Thank you for your cooperation.

**F. Contracts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contracts | | **Yes** | **No** | **N/A** | **Comments/Issues** |
|  | Are there policies and procedures regarding contract responsibilities? |  |  |  |  |
|  | Are the following key duties and responsibilities separated among individuals: |  |  |  |  |
| 1. Authorizing and approving the contract/agreement? |  |  |  |  |
| 1. Monitoring the performance and deliverables of the contract? |  |  |  |  |
| 1. Approving contract payments?   *Note: If your agency has limited staff, describe compensating controls that are in place to safeguard assets.* |  |  |  |  |
|  | Are budgetary authority and funding sources verified by management prior to committing to contracts? |  |  |  |  |
|  | Does the agency head or other authorized individual sign the contract/agreement? |  |  |  |  |
|  | Are approved contract amounts entered into an internal budget tracking system and the contract payment log upon contract approval and adjusted as payments are made against the contract? |  |  |  |  |
|  | Does the agency have a current Certified Contract Manager approved by the Purchasing Division? |  |  |  |  |
|  | Does the Certified Contract Manager assure conformance with SAM 300 by, at a minimum: |  |  |  |  |
| 1. Ensuring informal and formal (RFP) bids are obtained in accordance with SAM 300? |  |  |  |  |
| 1. Ensuring appropriate insurance coverage is obtained by the contractor as required by Risk Management? |  |  |  |  |
| 1. Ensuring all contract forms used are in accordance with forms provided on Purchasing’s website? |  |  |  |  |
| 1. Tracking contract preparation to ensure necessary reviews and signatures are obtained (e.g., Attorney General, contractor, and department head)? |  |  |  |  |
| 1. Ensuring contracts are complete and include all necessary attachments prior to submission to the Board of Examiners or its Clerk, pursuant to SAM 300? |  |  |  |  |
| 1. Verifying contractor insurance coverage is continuous? |  |  |  |  |
|  | Is contract data entered into the Contract Entry Tracking System (CETS) database for all contracts of $2,000 and over? |  |  |  |  |
|  | Is the individual responsible for verifying contractor performance independent of the contract approval process? |  |  |  |  |
|  | | **Yes** | **No** | **N/A** | **Comments/Issues** |
|  | Does the agency ensure that the relationship with the independent contractor does not evolve into a state employee relationship? |  |  |  |  |
|  | Do procedures specifically identify personnel involved in: |  |  |  |  |
| 1. Reviewing invoices/progress payment requests (including travel) to ensure claims are appropriate for work performed/deliverables received on the contract? |  |  |  |  |
| Ensuring contract log is updated? |  |  |  |  |
|  | If travel is included in the contract, is it tracked separately? |  |  |  |  |

If any discrepancies are noted above, describe corrective action plan and resolution date below:

|  |  |  |
| --- | --- | --- |
| SAQ Number | Corrective Action Plan | Resolution Date |
|  |  |  |
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