

**Timeline for the Contracting Audit:**

**8/1/19**

**8/1/19**

**8/1/19**

**8/5/19 –**

**8/7/19**

**8/12/19**

**8/16-8/30/19**

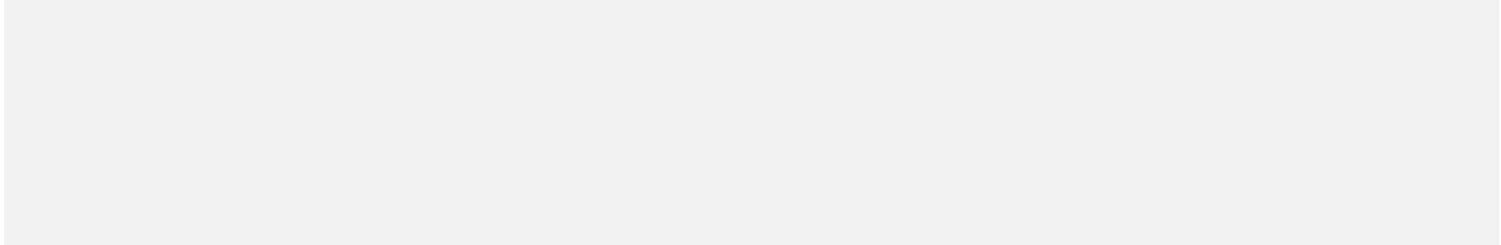
**9/3/19**



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?
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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	Motor Vehicle Liability Coverage Valid & Sufficient, if applicable - Y or N?	Certification of Insurance Provided within 48 hours of District Request - Y or N?	Was Contract Template Completed by Vendor or PPS - Y or N?
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\$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
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Contract Name	Statement of Work	Registration Number and State of Registration	Evidence of Registration Provided -



Contract Name

[Redacted content]