

Level III Participation Form

Agency Representative: _____

A need for Level III assistance has been identified and has the support of Agency Head/Division Director.

By advancing this request it is understood that administrative contractual responsibilities, if approved, will be delegated to Government Support Services (GSS), Office of Management and Budget. As such, only GSS will be authorized to administer and execute changes (i.e. amendments and/or addendums to the contract terms and conditions).

Further, while administrative responsibilities would be delegated to GSS, the Agency acknowledges they continue to have responsibilities in relation to this contract request.

Background information regarding the need and responsible agency representation is provided below. This Agency will be required to actively participate in the entire process, as directed by the assigned contract manager.

GSS will make every reasonable effort to meet Agency needs, expectations, and timelines. However, success, as defined by the Agency, will be dependent on proper planning, active participation/communication, but may be reliant on factors outside of the state's immediate control.

1) Project title and brief description:

- a. Are there other Agencies that could utilize this contract? If yes, please provide other Agency information and points of contact, if known.



GOVERNMENT SUPPORT SERVICES – CONTRACTING

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PHONE: (302) 857-4550 – FAX: (302) 739-3779 – GSS.OMB.DELAWARE.GOV

2) Timeline:

a. Effective date by: _____

b. Initial term (i.e. number of years): _____

c. Extension options (how many one-year options): _____

3) Agency representatives (please provide a minimum of three):

4) Please identify why the Agency is requesting delegation of contract responsibilities:

Agency Contact Name and Contact Information:

Agency Head/Division Director
Requesting GSS Resources:

Agency Head/Division Director
Signature:

If GSS approves, the following information will be required to move forward

Detailed Need Overview:

Scope of Work Draft:

Evaluation Criteria/Points:

Criteria	Points
Price	
TOTAL	

INTERNAL GSS USE ONLY

Does this request **impact ANY of the following Departments, Guidelines or Policies?** (check all the apply)

- DTI – Technology Related – Requires Terms and Conditions, Data Confidentiality and a Business Case (BC)
- Has the initial BC been approved? YES NO
- Cyber Liability Insurance required? YES NO
- Is BC waived or DTI oversight not required? YES NO
- Keep BC, insurance and/or waiver copy in contract support file**
- PHRST – Protected Health or Personally Identifiable Information will be transmitted and/or stored by Vendor – Requires separate Business Associate Agreement (BAA)
- BDPA – Enterprise Wide or Strategic Agency Solution with Expenses that may affect Budgets
- ACA – Affordable Care Act (i.e. Temporary Employment Contracts and/or Contract Personnel)
- [ARCHITECTURE & ENGINEERING](#) [AUDIT](#) [LEGAL](#)

Form complete and signed by Agency head YES NO

Is timeline reasonable? (If no, communicate with agency) YES NO

Contract Assignment Number: _____

Contract Officer: _____

GSS Reviewer/Date _____