

DSP PRE-CONTRACTING NOTICE

The Partnership for Children of Cumberland County, Inc. needs the following items in order to complete development of your Direct Service Provider Contract:

Please use this document as a checklist as you prepare your Pre-Contracting Package for submission

- COMPLETED DSP Contract Authorization Form with signature(s)

- COMPLETED IRS Form W9 with signature

- COMPLETED State Contractor Certification Form with signatures

- Vendor Direct Deposit Form with signatures – **you only need to provide this if your banking information has changed.**

- Proof of Insurance: The Direct Service Provider must secure and provide proof of insurance coverage. Provide a copy of the Certificate of Liability Insurance to mdowney@ccpfc.org (obtained from your insurance agency or carrier) that includes the name of the insured organization (policy holder), effective dates, and the amount of coverage for:
 - Commercial General Liability with a minimum combined single limit of \$1,000,000 for each occurrence
 - Hired and Non-Owned Automobile Liability Coverage (and Owned Auto Coverage if the DSP owns any vehicles) with a combined single limit of \$500,000 for bodily injury and property damage; a limit of \$500,000 for uninsured/underinsured motorist coverage; and a limit of \$2,000 of medical coverage.
 - Worker's Compensation and Employer's Liability Insurance with a minimum limit of \$500,000 covering all employees engaged in any work under this contract. For contracts with individuals, this insurance may not be applicable.
 - As applicable:
 - Directors' and Officers' Liability for Board members
 - Professional Liability
 - Special Events
 - Flood Insurance
 - Hired Auto Physical Damage

- For non-profit, private, for-profit, and corporate entities:** Fidelity Bonding/Employee Theft Coverage that covers the staff of the Direct Service Provider and any subcontractors involved in the handling of Local Partnership/Smart Start funds. Proof of coverage as outlined below must be submitted via email to mdowney@ccpfc.org
- a) When the total State funds exceed or are expected to exceed \$100,000:
- Policy must provide a coverage amount of at least 50% of the total funds provided by the Local Partnership
 - The Local Partnership ***must be named as an additional insured or joint loss payee***
 - The Direct Service Provider must provide the Local Partnership with ***Certificate Holder Status***
 - (Note: This coverage must be kept current through the fiscal year of the contract ***and*** the subsequent fiscal year)
- b) When the total State funds are expected to be less than \$100,000:
- Policy must provide a coverage amount of at least 50% of the total funds provided by the Local Partnership
 - The Local Partnership ***must be named as an additional insured or joint loss payee***

- *PLEASE NOTE: FOR INSURANCE COVERAGES TO INCLUDE FIDELITY BONDING/EMPLOYEE THEFT COVERAGE, PLEASE ***DO NOT*** SUBMIT YOUR POLICY DECLARATIONS. PLEASE CONTACT YOUR INSURANCE AGENT AND ASK THEM TO ISSUE A ***CERTIFICATE OF INSURANCE***. YOU MAY PROVIDE THEM WITH A COPY OF THIS CHECKLIST SO THAT THEY MAY ENSURE YOUR COVERAGES MEET THE REQUIREMENTS.
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Governmental agencies are exempt from certificate of insurance requirements.