Month DD, YYYY

Name

Company Name

Address

City, State Zip MN

Dear Mr/Ms. Last Name:

The following documents are enclosed for you to complete and return:

* Notification of Contract Award [Purchase Order No.] for Site/Project Name.
* Exhibit SS-1, showing the site information.
* Exhibit SS-2, A201 for Title, Contract XXXXXX.
* Exhibit SS-3, Prevailing Wage Rates.

Please sign and return **all sets** of documents, **VIA EMAIL**, to **Name** at **email** by **MM/DD/YYYY**. Name is the State’s Project Manager and Representative; please direct all communication to First Name.

It is also required that the contract, documents be returned to the Office of State Procurement **within seven (7) calendar days.** Contract completion date will not be extended due to your failure to return contract, documents within seven (7) calendar days.

It is also required that the First-Tier Subcontractors List (Attachment A-1) be submitted to Office of State Procurement before the contract can be executed.

Documents that are not properly executed will be returned to you. Failure to submit executed forms in the time required may result in cancellation of the award. Upon receipt of the properly executed forms, and after signatures are obtained from the appropriate State authorities, a copy of the completed Contract documents will be sent to your company.

If you have any questions, please contact me.

Sincerely,

Name
Title

IMPORTANT; The following reporting or submittals are required: Article 3.1.5.6 Jobs Reporting; Article 3.1.6 TG/ED/VO Business Participation, , Article 3.1.5.2 Responsible Contractor requirement (for any subcontractors post RFP submittal; Article 9.10.2 IC-134s, 9.11 Prevailing Wage payroll reports.

[LEFT BLANK INTENTIONALLY]

# Notification of Contract Award

To: Vendor Name

Company Name

Address

City, State Zip MN

 PO Number: [\_\_\_\_\_\_\_\_\_\_]

Release Number: Work Order under S-1049(5)

Contract Period: Month DD, YYYY, or date of contract execution, whichever is later

Through Month DD, YYYY

Milestone Dates: Substantial Completion: MM/DD/YY

 Final Completion: MM/DD/YY

Extension Option: none

You are hereby notified that your response to our solicitation entitled, “TITLE,” which opened Month DD, YYYY, is accepted for the Site Name site. This Contract Award attaches the following documents: Exhibit SS-1 Site Information and SS-2 A201 for Solar Power System Design and Installation, Contract 142972.

The following documents, in order of precedence, are incorporated herein by reference and constitute the entire Contract between you and the State: (1) this Notification of Contract Award, together with its exhibits and any attachments or subsequent purchase orders, amendments or similar documents; (2) the State’s master contract, Contract No. 142972, (3) State's site-specific solicitation; and (4) your response to State’s site-specific solicitation. In the event of a conflict in language among any of these documents, the terms and conditions set forth and/or referenced in this Notification and any later executed documents shall prevail over conflicting terms and conditions contained in the earlier documents, in their original form or as amended.

1. **State Agency Encumbrance Verification**

Individual certifies that funds have been encumbered as

required by Minn. Stat. §§ 16A.15 and 16C.05.

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| --- | --- |
| Signed: |  |
| Date: |  | Order No. |  |

1. **Company Name.**

The Contractor certifies that the appropriate person(s) have executed this Contract on behalf of the Contractor as required by applicable articles, bylaws, resolutions, or ordinances.

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| By: |  |

Signature

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Printed Name

|  |  |
| --- | --- |
| Title: |  |
| Date: |  |

1. **YOUR ORG**

(with delegated authority on behalf of Owner)

|  |  |
| --- | --- |
| By: |  |
| Title: |  |
| Date: |  |

1. **Commissioner of Administration**

Or delegated representative.

|  |  |
| --- | --- |
| By: |  |
| Date: |  |

Site Specific Contract Number [Contract No.]

**Exhibit SS-1 Site Information**

Insert Site Information from RFP and Response

#### **Planning and Design Criteria**

#### **Roles and Responsibilities**

**AIA DOCUMENTS**

Insert Document(s

**SS-3 Prevailing Wage Rates**

|  |
| --- |
|  |

Insert Document(s)

**ATTACHMENT A-1**

**FIRST-TIER SUBCONTRACTORS LIST**

**A-1 FORM MUST BE COMPLETED PRIOR TO CONTRACT EXECUTION**

**TG GOALS: «TGEDGOAL»**

PROJECT NUMBER **«ProjectNo»** CONTRACT NUMBER **«ContractNo»**

PROJECT NAME **«Description»**

|  |  |  |  |
| --- | --- | --- | --- |
| FIRST TIER SUBCONTRACTOR NAMES (Legal name of company as registered with the Secretary of State) | Name of city where company home office is located | % of value of Contract | \*Is the First Tier Subcontractor a TG/ED/VO? |
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Attach additional sheets as needed for submission of all first-tier subcontractors.

\*TG/ED/ VO = Certified Targeted Group Business, Economically Disadvantaged Business, and Veteran-Owned Business

**By signing this document I certify that I am an owner or officer of the company, and I swear under oath that:**

All first-tier subcontractors listed on attachment A-1have verified through a signed statement under oath by an owner or officer that they meet the minimum criteria to be a responsible contractor as defined in **Minn. Stat. § 16C.285.** A prime contractor shall submit to the contracting authority upon request copies of the signed verifications of compliance from all subcontractors of any tier and motor carriers, pursuant to subdivision 3, clause (7).

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

Authorized Signature of Owner or Officer Company Name

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

Print Name Date

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

Title

CONTRACT RELEASE NO: S-1049(5) Purchase Order No: [PO No.]

BID DATE: Month DD, YYYY

ACQUISITION MANAGEMENT SPECIALIST: Name

COMMODITY/SERVICE: TYPE: Ext [ ]  Amend [ ]  New [ ]  Assign [ ]

CONTRACT PERIOD: MM/DD/YYYY – MM/DD/YYYY

VENDOR:

Vendor Name

Company Name

Address

City, State Zip MN

PHONE: [Phone]

DATE SENT TO VENDOR: REQUESTED RETURN: MM/DD/YYYY

INSURANCE REQUIRED: [ ]  INSURANCE COMPLETED: [ ]

[ ]  General [ ]  Equipment Special [ ]  Other - Construction

HUMAN RIGHTS/AFFIRMATIVE ACTION CERTIFICATION REQUIRED: □ YES □ NO

 If yes, verified that certificate is on file and current at DHR? □ YES

 If no certificate required, reason not required: □ < 40 employees in MN □ <$100,000 total value of contract

IS VENDOR SOLE PROPRIETOR? □YES □ NO

 If yes, complete online MN New Hire Reporting Form on website [www.mn-newhire.com](http://www.mn-newhire.com) (see Taxpayer Identification page in response and also see ALP Manual Section 2.47). Date filed online: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOMPLETE: DATE RETURNED TO VENDOR:

REASONS:

[Reasons]

COMPLETE: DATE RECEIVED FROM VENDOR:

DATE FOLLOW-UP LETTER SENT: DATE CANCELLATION LETTER SENT:

DATE SENT TO AMS: DATE SIGNED:

EXECUTED COPY SENT TO VENDOR: [ ]

INSTRUCTIONS FOR THE SUPPORT STAFF: Create the items checked below:

[ ]  Label [ ]  Pouch [ ]  File [ ]  Box

Keywords/Cross Reference:



# Completing the Direct Deposit Authorization for Electronic Fund Transfer (EFT) Form

## Notice of Intent to Collect Private Data

All payment recipients are asked to provide private data to Minnesota Management & Budget for the following purposes. State employees who support this function of the state’s accounting system need to access the data to verify information. Others who have legal access to the data include: Legislative Auditor, Attorney General, enforcement agencies with statutory authority, and any other person or entity authorized by law or court order.

Social Security Number (SSN) or Federal Employee Identification Number (FEIN): Needed for identification purposes. This number is used to match recipients with payments. This number is also called a Tax Identification Number or TIN number. You are not legally required to provide this data. However, without this information we cannot convert you to EFT.

ABA Routing Number, Account Number, Account Type: This data is required to correctly deposit payments to your designated bank account. You are required by law to provide this information. Incomplete information may cause a delay in converting to EFT. Additionally, incorrect information may cause a payment to be delayed or deposited to the wrong account.

## Instructions for Completing the Form

Determine which bank accounts will be used for direct deposit. A separate copy of the Electronic Fund Transfer Authorization form is required for each bank account.

## Mailing Address (General)

1. Name, Address, City, State, Zip Code. Enter the name of the business or individual, address, city, state, and zip code.

2. Number. Enter the eleven-digit vendor number, if you know it. If you received this form with a letter, this number is located under the date. If you received this form with a duplicate warrant, the number is located above your name and is listed as “Vendor Number” and “Vendor Location.”

## Contact Information

Enter the name, email address, phone and FAX number of the person who can respond to questions regarding the information provided on this form.

## Tax Identification Information

1. Federal ID/ Social Security Number and Name. Enter the nine-digit Federal Employer Identification Number (FEIN) for business, or the nine-digit Social Security Number (SSN). Enter the name associated with either the FEIN or SSN listed on the form.

2. MN State ID Number. **For businesses located in Minnesota**, enter the MN state tax identification number.

## Current Financial Institution Information

This information is required to verify that we are changing the correct account.

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.

2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.

3. Financial Institution Name.

## New Account Information

1. ABA Routing Number. Enter the ABA Routing Number to identify your financial institution. Contact your bank if you are not sure what number to put in this field.

2. Customer Account Number. Enter your bank account number. Contact your bank if you are not sure what number to put in this field.

3. Financial Institution Name, Address, City, State, Zip Code. Enter the name and address of your financial institution.

4. Type of Account. Indicate if the account listed on this form is a checking or savings account.

## Authorization to Make Electronic Fund Payments

Sign the form and print your name and title (if any) and the date.

## Send the Form

You can mail or fax the form to Minnesota Management & Budget.

Minnesota Management & Budget
File Maintenance - EFT
658 Cedar Street, Ste. 400
St. Paul, MN 55155
FAX number: (651) 797-1305

## Questions about this Form?

Call the Minnesota Management & Budget EFT Helpline at (651) 201-8106 or efthelpline.mmb@state.mn.us.

**Minnesota New Hire Reporting Form**

Effective July 1, 1996 Minnesota Statute 256.998 requires all Minnesota Employers, both public and private, to report all newly hired, rehired, or returning to work employees to the State of Minnesota within 20 days of hire or rehire date. Information about new hire reporting and online reporting is available on our website: [**www.mn-newhire.com**](http://www.mn-newhire.com)

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| **Send completed forms to:**Minnesota New Hire Reporting CenterPO Box 64212St. Paul, MN 55164-0212Toll-free fax (800) 692-4473 | **To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as and example:**

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| **A** | **B** | **C** | **1** | **2** | **3** |

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*(Use the tab key to move from box to box)*

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| **EMPLOYER INFORMATION**Federal Employer ID Number (FEIN) *(Please use the same FEIN as the listed employee’s quarterly wages will be reported under):*

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Employer Name:

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Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

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Employer City: Employer State: Zip Code (5 digit):

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Employer Phone: Extension: Employer Fax:

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Email:

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| **EMPLOYEE INFORMATION**Employee Social Security Number (SSN)

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Employee First Name: Middle Initial:

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Employee Last Name:

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Employee Address:

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Employee City: Employee State: Zip Code (5 digit):

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Date of Hire (mmddyyyy): Date of Birth (mmddyyyy): (optional) Employee State of Hire

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**REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING**

**Questions? Call us at (651) 227-4661 or toll-free (800) 672-4473**