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CONTRACTOR PAYMENT FORM – OVER THRESHOLD

(For rates $400 per 8-hour day or more, OR over $50.00 per hour) OR (Contracts for $25,000 or more)

For each contractor payment, your agency/organization must submit the following documentation for PRIOR Illinois Criminal Justice Information Authority (ICJIA) review and approval. Please contact your grant specialist if you have questions about this form.

1. Indicate whether a competitive procurement process or sole source procurement is anticipated. All procurements must be conducted in a manner to provide, to the maximum extent practical, open and free competition. A competitive procurement process that adheres to ICJIA requirements must be followed, unless a sole source procurement is justified. Under very limited circumstances, sole source procurements may be allowed. (See the ICJIA’s Financial Guide for additional procurement requirements.)

*(Check one box)* Competitive procurement

If a competitive procurement process is used, documentation must be maintained at your agency, which describes the processes through which your agency selected the contractor(s). Documentation must describe the method of procurement used, such as obtaining at least three bids for a small purchase or a Request for Proposals (RFP) process, the reason for choosing that method of procurement, how many proposals/responses were received, and why the particular contractor was chosen, considering price and other factors.

#### OR

### Sole source procurement

Contact your grant specialist for required documentation for sole source procurements.

1. Attach the resume(s) of the contractor(s).
2. Attach the agenda of the training, if applicable, that includes the topics that will be presented by the contractor, or a description of the services that will be provided by the contractor.
3. The below-signed authorized representative of the Implementing Agency certifies that the Implementing Agency has taken reasonable steps to assure that the hourly rate(s) charged by the contractor is/are reasonable, and consistent with rates charged by similarly qualified individuals and organizations.
4. Attach a signed certification from the contractor, stating that the contractor will not receive payment from another source for the hours during which the services will occur, in addition to the payment the contractor will receive pursuant to the grant program. (Compensation Certification form is attached.)
5. Attach a signed certification from the contractor stating that the hourly rate requested by the contractor to be charged to the grant program is equal to or less than, the rate that the contractor currently charges to other organizations for similar services. (Rate of Pay Certification form is attached.)
6. If sole source, attach a copy of a former contract, invoice, or similar documentation showing that the contractor has been previously paid at the requested rate, for similar services.

The below-signed authorized representative certifies to the best of his/her knowledge that the information listed above is true and correct:

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Authorized Implementing Agency Representative/Signature and Title Date

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## COMPENSATION CERTIFICATION

      (CONTRACTOR) certifies that the CONTRACTOR, its employees, and subcontractors will not receive payment for services from another source for the hours during which they perform contractual services for the       (Implementing Agency) for the       (GRANT PROGRAM), in addition to any payment the CONTRACTOR, its employees, and subcontractors receive from the Implementing Agency for performance of services for the GRANT PROGRAM.

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

Authorized Contractor Representative Date

## RATE OF PAY CERTIFICATION

      (CONTRACTOR) certifies that the rate requested to be charged to the       (Implementing Agency) for the       (GRANT PROGRAM), is equal to or less than the rate CONTRACTOR charges to other organizations and entities for similar services.

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

Authorized Contractor Representative Date