**Project Request Template**

This is an example of the Project Request form that the State agencies will work with the Contractor to fill out and define projects and timelines. This form can change with written approval of IDOA Vendor Management. Before beginning any and all projects a copy of this or other approved form shall be submitted at least 30 days before the proposed start date of a project.

If for any reason any party realizes that they may not be able to meet the deadlines or listed “End Dates” on the signed and approved timeline the party must notify all other parties assigned to the agreement. When the Contractor notifies the State of possible deadline being missed a mutually agreeable result will be determined in writing based on the Master Agreement QPA# 15183.

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| **Project Title:** | | | | |
| **Agencies Involved:** | | | | |
| **Points of Contact**:  Post Masters:  State Agency:  IDOA: | | | | **Objective(s):** |
| **Project Start Date:** | | | **Project Completion Date:** | |
| **What will be accomplished?** | **Start Date:** | **End Date:** | | **Service Level Agreements:** |
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| Signatures below are to show approval and acceptance of the proposed timeline. All acting agents are agreeing to make a good faith effort to complete all tasks as quickly and diligently as possible. Any missed deadlines, extra time taken, or failure to perform may cause delay for the entire project or even cancellation. In such cases, the State and the Vendor (Post Masters) will use the Master Agreement QPA# 15183 to find a mutually agreeable solution and will document it in writing. It is up to Post Masters to notify the State of any delays or failures to perform.  **Sub-Agreement Acknowledgement and Acceptance**  This document is a Sub-agreement to the Master Services agreement, and is deemed to be in fulfillment of the Master Services Agreement. Any inconsistency, conflict, or ambiguity between this Sub-agreement and the Master Services agreement shall be resolved by giving precedence and effect to the Master Services Agreement. Furthermore, the Contractor, Anthony Wayne Rehabilitation Center, shall be the Prime Contractor and shall be responsible for all work performed on this Sub-agreement. The State considers the Prime Contractor to be the sole point of contact with regard to contractual matters, including payment of any and all Subcontractor charges resulting from this Agreement. The State, other than approving such Subcontractors has no obligation, financial or otherwise, to any Subcontractor and shall not be deemed in privity with any Subcontractor. In Witness Whereof, the Prime Contractor and the State have, through their duly authorized representatives, entered into this Sub-agreement, as represented from the Master Services Agreement for QPA# 15183. The parties, having read and understood the foregoing terms of this agreement, do by their respective signatures dated below hereby agree to the requirements thereof.  **Non-Collusion and Acceptance**   1. The undersigned attests, subject to the penalties for perjury, that the undersigned is the Contractor, or that the undersigned is the properly authorized representative, agent, member or officer of the Contractor. Further, to the undersigned’s knowledge, neither the undersigned nor any other member, employee, representative, agent or officer of the Contractor, directly or indirectly, has entered into or been offered any sum of money or other consideration for the execution of this Contract other than that which appears upon the face hereof. Furthermore, if the undersigned has knowledge that a state officer, employee, or special state appointee, as those terms are defined in IC 4-2-6-1, has a financial interest in the grant, the Grantee attests to compliance with the disclosure requirements in IC 4-2-6-10.5.   **Contractor: State of Indiana Agency:**  **Anthony Wayne Rehabilitation Center \_\_\_\_\_\_\_\_\_\_[AGENCY NAME]\_\_\_\_\_\_\_\_\_**  (Post Master and Blue Octopus Printing)  Signature: Signature:  Printed Name: Printed Name:  Title: Title:  Date: Date:    **Indiana Department of Technology Indiana Department of Administration**  (If applicable)  Signature: Signature:  **Vendor Manager**  Date: Date: | | | | |