**Form Instructions and Process:**

1. Complete this form to:
   1. Initiate a **NEW or RENEWAL CTB**; OR
   2. Initiate an **AMENDMENT** for an existing CTB.
2. Create the CTB document in Advantage.
3. Create a case in Purchasing Maine.
4. Attach all documents to your case in Purchasing Maine and submit for final approval.
5. (Optional): Attach documents in Advantage.
6. **NEW or RENEWAL CTB (Attach additional pages as needed.)**

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| **Program Administrator:** |  | | **Department/Bureau/**  **Division:** | |  | |
| **CTB Amount:** |  | | **CTB Number:** | |  | |
| **Start Date:** |  | | **End Date:** | |  | |
| **Type of Service:** |  | | **Number of Vendors:** | |  | |
| 1. **Provide a summary of the services required.** | | | | | | |
|  | | | | | | |
| 1. **Provide a summary of the reasons why a CTB is an appropriate payment mechanism.** *CTBs may be appropriate if ALL of the following conditions exist:*  * *Greater than 15-20 vendors receive payments for the same service;* * *Payments may occur at random points during the fiscal year;* * *Generally, annual payment total per vendor is less than $5,000\*; and* * *Services to be provided are considered “low risk.” (i.e., If a lawsuit were to be filed, the State would not need the protections of a contract or contract language or State-funded insurance.)*   *\*If annual payment to vendor is greater than $5,000, please explain the competitive bidding or application process.* | | | | | | |
|  | | | | | | |
| 1. **Attach a separate list of vendors authorized to receive payment along with an estimated amount per vendor.** | | | | | | |
|  | | | | | | |
| 1. **Provide a description of the process for monitoring the use of this CTB.** *For example: How are vendor payments requested and authorized? Is there some form of agreement or standard regarding the rates paid and the services performed?* | | | | | | |
|  | | | | | | |
| 1. **If this is a renewal, please identify the amount spent in the previous year along with a summary of payments by vendor. If this is a new CTB, please enter “N/A.”** | | | | | | |
|  | | | | | | |
| **Program Administrator Signature:** | |  | | **Date:** | |  |

1. **AMENDMENT (Attach additional pages as needed.)**

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| **Program Administrator:** | |  | | | **Department/Bureau/**  **Division:** | | |  | | |
| **Type of Service:** | |  | | | **CTB Number:** | | |  | | |
| **The CTB is hereby amended as follows: (Check “X” and complete all that apply.)** | | | | | | | | | | |
| 🞏 | **Increase CTB Amount** | | **Amount of Increase:** | $ | | **New CTB Amount:** | | | | $ |
| **Reason:** |  | | | | | | |
| 🞏 | **Extend End Date** | | **Current End Date:** |  | | **New End Date:** | | | |  |
| **Reason:** |  | | | | | | |
| 🞏 | **Add Vendor(s)\*** | | **Number of Additional Vendors:** |  | | **New Total Number of Vendors:** | | | |  |
| **Reason:** |  | | | | | | |
| *\* Attach a separate list of the additional vendor(s) authorized to receive payment along with an estimated amount per vendor.* | | | | | | | | | | |
| 🞏 | **Other** | | **Describe the changes:** |  | | | | | | |
|  | | | | | | | |
| **All other terms and conditions of the original CTB and subsequent amendments remain in full force and effect.** | | | | | | | | | | |
| **Program Administrator Signature:** | | |  | | | | **Date:** | |  | |

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| **FOR DIVISION OF PROCUREMENT SERVICES USE ONLY** | | | |
| **Reviewer Initials:** |  | **Date:** |  |