**Form Instructions and Process:**

1. **Complete form and prepare a separate list of vendors authorized to receive payments along with an estimated amount per vendor.**
2. **Services provided are “low risk” to the state. Please note: Procurement Services may ask for some form of agreement, such as MOU or BP18.**
3. **Create the CTB document in Advantage.**
4. **Create a case in Purchasing Maine.**
5. **Attach all documents to your case Purchasing Maine and submit for final approval.**

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| **Program Administrator:** |  | | **Department/Bureau/Division:** |  |
| **CTB Amount:** |  | | **CTB Number:** |  |
| **Start Date:** |  | | **End Date:** |  |
| **Type of Service:** |  | | **Number of Vendors:** |  |
| 1. **A summary of the services required.** | | | | |
|  | | | | |
| 1. **A summary of the reasons why a CTB is an appropriate payment mechanism.** | | | | |
| Delete this text after reading. 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 * Services provide are “low risk” to the State; If a lawsuit were to be filed, would the state need the protections of a contract or contract language to protect itself and state-funded insurance? | | | | |
| 1. **A description of the process for monitoring the use of this CTB.** | | | | |
| Delete this text after reading. 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 provide how much was spent in the previous year along with a summary of payments by vendor. If this is a new CTB, please insert “N/A”.** | | | | |
|  | | | | |
| **Program Administrator Signature:** | |  | | |
| **Date:** | |  | | |