**DEPARTMENT OF AGING AND DISABILITY SERVICES (ADS)**

**MOA PROCESS**

1. Contact the ADS Contract Liaison (Mary Van Ness or Michelle Provost) to determine if a MOA is required. If an MOA is required, complete the Contract Authorization form in addition to MOA Checklist.
2. If MOA is required, \*program Preparer will develop draft MOA and include language necessary to maintain compliance with the Uniform Guidance requirements of CFR 200 (formerly 34 CFR 80.40(a), i.e. deliverables that include: a comparison of actual accomplishments to the objectives established for the period; a cost per unit of output; an analysis and explanation of cost overruns or high unit costs; notice of problems, delays or adverse conditions which will materially impair the ability to meet the objective of the award, which should also include a statement of action taken or contemplated and any assistance needed to resolve the situation; notice of favorable developments which enable meeting time schedules and objectives sooner or at less cost than anticipated or producing more beneficial results than originally planned; deliverables that will facilitate scheduled monitoring of progress towards goals, reports on the results of scheduled monitoring, corrective action pertaining to the results of scheduled monitoring and the submission of detailed reporting of actual financial expenditures. Scheduled monitoring will be dependent upon the duration of the MOA being entered into, but should be a minimum of quarterly, unless the length of the MOA is less than three months, in which case scheduled monitoring should be performed on a monthly basis.
3. Program Preparer will complete ADS MOA checklist indicating if above language is included or not applicable The checklist will then be signed and dated.
4. Program MOA Reviewer will review the draft MOA and certify that the above language is included or not applicable by signing and dating the MOA checklist. If requirements are not met, the reviewer will return the MOA to the Preparer for necessary revisions.
5. Once the checklist is able to be signed, the Program MOA Reviewer will submit draft MOA to the applicable Manager/Supervisor for review and further assurance that the language referenced above is included. Manager/Supervisor will review the draft agreement and certify that the above language is included or not applicable by signing and dating the MOA checklist.
6. The Manager/Supervisor will then submit the completed MOA checklist, draft MOA document and completed Contract Authorization Request form to the ADS Contract Liaison. The Contract Liaison will initial draft MOA document to indicate review is complete and will submit MOA draft and Contract Authorization Request form to the Central Contract Unit for final review and processing.
7. Central Contract Unit will obtain signatures from the vendor, Commissioner and any other party deemed necessary.
8. Central Contract Unit will return executed MOA to the ADS Contract Liaison for vendor and program staff notification of approval, entering into case management system and state financial system and maintenance of original document.

**\*Program staff responsible for deliverable monitoring will depend upon which program is initiating the MOA and the allocable funding source – See list of program staff authorized to review and approve MOA documents.**

Notes:

A **Memorandum of Agreement (MOA)** – is between State and/or Federal agencies, involving a transfer of funds.

A **Memorandum of Understanding (MOU)** – is between State, Federal, or outside agencies, with no transfer of funds. MOU’s are not subject to the above review process as they require only conceptual review by Manager/Supervisor and executing officials.

**DEPARTMENT OF REHABILITATION SERVICES**

**PROGRAM STAFF AUTHORIZED TO REVIEW AND APPROVE MOA DOCUMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program** | **Program MOA Reviewer** | **Manager/Supervisor** |  |  |  |
| **BRS – Assistive Technology** | **Arlene Lugo** | **David Doukas** |  |  |  |
| **BRS – Benefit Counseling** | **Robert Adriani** | **David Doukas** |  |  |  |
| **BRS – Employment Opportunities** | **Kerri Fradette** | **David Doukas** |  |  |  |
| **BRS – Independent Living** | **David Doukas** | **David Doukas** |  |  |  |
| **BRS – Vocational Rehabilitation** | **Kerri Fradette** | **David Doukas** |  |  |  |
| **BESB – All Programs** | **Andrew Norton** | **Brian Sigman** |  |  |  |