Instructions for Entering Contracts into the Regents Policy 5402 and AFSCME Covered Service Reporting Form

Article 5, Section D.7 of the AFSCME Collective Bargaining Agreements (CBAs) for the EX and SX bargaining units states:

The University at the Systemwide level shall produce an annual report of all contracts for covered services, regardless of amount or duration, and shall provide the report to AFSCME no later than February 15th of each year.

The AFSCME reporting form will collect the data needed for the annual report, and the fields on the form marked as required are needed to fulfill the reporting requirements. In addition, there are fields to report on small or diverse businesses and on Fair Wage/Fair Work. These fields are to gather information for internal UC reporting requirements for service contracts.

Regents Policy 5402 (Policy Generally Prohibiting Contracting for Covered Services) also has an annual reporting requirement, and the information collected on these forms will be used to generate this report to the Regents.

Find the form here: Regents Policy 5402 and AFSCME Reporting Form

Form Fields

Each field marked with an asterisk (*) is a required field, and you must enter data in these fields to submit the form. Any field that does not have the asterisk is optional and may not apply to the contract for which you are submitting the form. Follow the instructions below to fill out each field:

Covered Service
Select all categories that apply to the contract. If the contract is for one covered service category, then just select that one category. If the contract is for covered services in more than one category, then select all the categories of covered services being provided.

List of covered service categories:
- Cleaning, custodial, janitorial, or housekeeping services
- Food services
- Laundry services
- Grounds keeping
- Building maintenance (excluding skilled crafts)
- Transportation and parking services
- Security services
- Billing and coding services
- Sterile processing
- Hospital or nursing assistant services
- Medical imaging or other medical technician services

If the contracted service does not fall into one of the above categories, then do not fill out this form.

Your Name
Enter the name of the person who should be contacted if there are questions about the form submission.

Your Email
Enter the email of the person who should be contacted if there are questions about the form submission.

Location
Select the UC location that owns the contract even if the work may be performed elsewhere. The list consists of all official UC locations, and there may be auxiliary locations for each official location. If the work will be performed at an auxiliary location, then select the official UC location from this list and check the box indicating that the work site is 10+ miles from a UC location.

The work site is 10+ miles from a UC Location
Check this box if the work will be done more than 10 miles from a UC location or at an auxiliary location. Then enter the street address, including city, for the remote location.

Is this a new facility?
Check this box if the covered services will be performed in a building or other facility that is new to UC. This includes newly built buildings, buildings that have been renovated, and buildings that UC purchased in the current year.

Service Provider
Enter the name of the supplier (aka vendor or contractor) that will be providing the covered service. Use the name listed in the agreement.

Contract Amount ($)
Enter the total dollar value of the contract in whole numbers with no punctuation. This means no dollar signs, no commas, and no decimal points. For example, a contract for $16,755.43 would be entered into the form as 16755.
Use either the value of the contract or the actual spend if the estimated value of the contract differs significantly from the spend. Use the amount on the purchase order if there is no contract or if there is a systemwide or other master agreement in place.

Use the Comments field to make notes on the difference between the actual spend and the estimated value of the contract when entering the spend amount. For example, a contract with an estimated value of $300,000 may have $90,000 in actual spend. The notice to AFSCME for this contract would contain the estimated value so using the spend amount in this field requires an explanation of the difference.

Certified Small/Diverse Business
Select each category that applies. For example, if the supplier is a small woman-owned business, then select both small business and woman-owned business. If none of these categories apply, then select N/A.

Calendar Year
Enter the 4-digit year when the contract is executed or work starts. If the contract is signed in 2020, then enter 2020. If the contract is signed in 2020, but the work will start in 2021, then enter 2021.

Term
Describe how long the contract will run. If the work will be performed for 2 weeks, then enter 2 weeks. If the work will be performed for 3 years, then enter 3 years.

Statement of Work
Summarize the work that will be performed by the supplier for this contract. This field is to expand on the covered service categories and give more details about the services to be performed.

Carve Out
Select as many of the carve outs that apply to this contract. This list is from the AFSCME CBA Article 5 Section C.

Justification Explanation
Provide the rationale for using the carve out(s) listed in the above field. There must be justification to contract out for each carve out selected.

Fair Work/Fair Wage
Contracts for covered services at a UC location may also be subject to Fair Wage/Fair Work. For these contracts, select “Yes”. If the work will be performed at a remote location, select “No.”
**Will Contract Be Attached?**
If this box is unchecked, then the Wage and Benefit Parity field must be filled out. If the box is checked, then the Wage and Benefit Parity question will be replaced with the instructions to attach a contract. The form cannot be submitted unless the contract is attached or the Wage and Benefit Parity question is answered.

REMINDER: Suppliers should be notified that AFSCME will have access to their contracts. Suppliers need to be notified before January 31 of each year in order to address any concerns before the report deadline of February 15.

**Wage and Benefit Parity**
List the job title and wage and benefit parity rate for each service listed in the contract. This information must match the contract’s Wage and Benefit Parity Appendix. If the contract is attached to the form, then this field does not need to be filled out.

**Comments**
Use this field to provide any additional information that may explain and/or support the justification for contracting for covered services.

**Special Considerations**

**Contracts and Purchase Orders**
All contracts for covered services must be submitted in the reporting form. This includes small contracts (under $10,000), contracts that don’t meet the AFSCME notice requirements (under $100,000), and contracts for more than $100,000. If there is no contract for a covered service but there is a purchase order, then the purchase order must be entered into the reporting form.

**Systemwide Agreements**
Each location must report on the covered services purchased through systemwide agreements. To do so, submit one form per systemwide agreement used with the cumulative annual spend for that agreement.

For example, your location uses a systemwide agreement to provide temporary covered services when a UC employee is on leave. Each year, calculate the amount spent on the temporary services and submit a form using the annual spend as the contract amount. Check each category of covered service procured and check each carve out that applies. In the comments field, list the systemwide agreement used to procure the services. In addition, list all the job titles and Wage and Benefit Parity rates for the services provided under the systemwide agreement in the Wage and Benefit Parity field.

If it is not possible to isolate covered service spend on systemwide agreements, then each location must submit a form for each purchase order written against a systemwide agreement.
**Master Service Agreements**
If you are using Master Service Agreements (MSAs) to procure covered services, then you must report annual spend for these agreements. To do so, calculate the annual spend for the agreement and submit a form listing the annual spend as the contract amount.

Check each category of covered service procured and check each carve out that applies. List all job titles and Wage and Benefit parity rates that apply to the services provided in the Wage and Benefit Parity field. In the comments field, list the MSA used to procure the services.

**Multi-year Agreements**
Multi-year agreements must be entered into the reporting form the year they are executed. Enter the total value of the agreement in the Contract Amount field, and specify how many years the contract will run in the Duration field. Select all covered services listed in the agreement and all carve outs that apply.

Multi-year agreements only need to be entered once even though the agreements themselves will last more than one year. Use the Wage and Benefit Parity field to list all job titles and Wage and Benefit Parity rates that could apply to the services provided in the multi-year agreement or attach the contract with the Wage and Benefit Parity appendix.