

KS Dept. Administration, Office of Procurement and Contracts  
Request for Authorization for Pre-Payment in Full for IT  
Subscription/Licensing Contract

Please Submit to:  
[procurement@ks.gov](mailto:procurement@ks.gov)  
(785) 296-2376

All purchasing activity must comply with Kansas purchasing statute K.S.A. 75-3739 and other relevant statutes and policies. Agency must attach proof of significant cost savings in order for consideration of pre-payment in full for a multi-year contract. No contract for pre-payment in full may be entered into by the agency without approval of all parties on this document.

**General Agency Information** (complete all fields.)

Agency Name:

Bus. Unit:

Address:

Phone #:

Email:

**Agency Primary Contact Information** (complete all fields.)

The Primary Contact must be the individual responsible for the procurement activity specified in this request

Name:

Title:

Phone #:

Email:

**Supplier/Contract Savings Information** (complete all fields and attach proof of projected cost savings)

Supplier Name:

Contract Purchase/Length of Contract:

Total Projected Contract Cost **Without** Pre-Payment:

Total Projected Contract Cost **With** Pre-Payment In Full:

Total Projected Cost Savings:

**Agency Certification:**

I understand that no contract containing pre-payment in full may be signed until this authorization is completed.

In addition, I certify that the above requirements are contained in the contract:

- End date of the supplier contract does not extend beyond the end date of the Master contract under which the agreement is being made (if applicable)
- Contract contains an Exit clause
- Contract contains a Survivability clause
- Contract contains a DA-146A form
- Contract contains language requiring a pro-rated clawback of any pre-payment if the contract is ended early by either party

By signing below, I certify that the above information is true and correct to be considered for approval of pre-payment in full of the above specified contract.

<b>Agency Head</b> Print Name	Date:
<b>Agency Head</b> Signature	

**Agency** - Send completed form to the Division of Budget. If approved, this form will be forwarded for additional processing and returned to OPC.

**Authorization for Pre-Payment in Full:**

\_\_\_\_\_  
Chief Information Technology Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of the Budget

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of the Office of Procurement and Contracts

\_\_\_\_\_  
Date