**Pre-Agreement Outcome Tool**

To ensure taxpayer funds spent on agreements produce tangible and significant results, each agency must complete the attached form when soliciting, re-soliciting, or extending an agreement for services and grants. The form will be reviewed as described below and approved by the applicable delegated authority and, in certain situations, the State Budget Office.

It is important for procurements to address a clear, meaningful problem/need and outline a specific result the agreement will deliver. As such, in completing this form, you will need to:

1. Clearly describe the desired outcome the agreement intends to address;
2. Identify which group will benefit from this outcome:
   1. Customers. Individuals or organizations directly benefitting from the service(s).
   2. Agency/Program. The organization responsible for administering the service(s). Agreements benefitting programs should clearly describe how the desired outcome of the procurement is significant to providing key services to customers or should address key risks to administering the program.
   3. 3rd party. Individuals/organizations who provide necessary inputs or services which benefit customers (example: contracted service providers). Agreements benefitting 3rd parties should clearly describe how the desired outcome is significant in providing key services to customers.
3. Describe how the services in the intended agreement will create the desired outcome;
4. Identify how the desired outcomes of the services will be measured (including any applicable targets); and
5. Identify the agreement manager responsible for ensuring metrics are met.

For agreements estimated to be $500,000 or greater, a cabinet member’s sign-off on this form is required prior to submission to the State Budget Office. Completed forms should be sent to: [ASBUD.OperationsTeam@nebraska.gov](mailto:ASBUD.OperationsTeam@nebraska.gov).

The State Budget Office, in conjunction with the Governor’s Office, will review agency submissions within 14 business days of receipt of a completed form. Agencies will be required to amend the form if it is not completed accurately or does not adequately demonstrate a tangible result(s) will be realized. Submissions which do not receive any requests for modifications within 14 business days may proceed through the procurement process.

After the State Budget Office signs the form and returns it to the requestor, it must be attached to the requisition in E1.

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| **Contact Information:** *The contact person should be available during the review of this Questionnaire to assist with answering any questions.* | |
| Requesting Department: | Click or tap here to enter text. |
| Contact Person: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |

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| **Agreement Information:** | | |
| Vendor Name and E1 Number:  (For current agreements) | Click or tap here to enter text. | |
| Type of Agreement: | Choose an item. | |
| How is the agreement funded? | Choose an item. | |
| What is the funding source?  If “Other,” please specify. | Choose an item.  Click or tap here to enter text. | Click or tap here to enter text.% of General Funds  Click or tap here to enter text.% of Federal Funds |
| Does the agency have current budget authority to pay for this agreement? | Click or tap here to enter text. | |
| What is the total spend on the current agreement? | Click or tap here to enter text. | |
| When does the current agreement expire? What is the term of the proposed new agreement? | Click or tap here to enter text. | |

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| **Thoroughly describe the services you are looking to re-solicit or procure, include background information about the desired outcome the agreement is intended to create.** | |
| What is the desired outcome of this agreement? | Click or tap here to enter text. |
| What group will this outcome benefit (customers, program, or 3rd party)? If program or 3rd party, clearly describe how desired outcome is significant to providing key services to customers. | Click or tap here to enter text. |
| How will the services in this agreement create the desired outcome? Identify key deliverables and activities to accomplish outcome. | Click or tap here to enter text. |
| Could these services be accomplished using internal resources? If so, describe the cost and risk differences between outsourcing or not. | Click or tap here to enter text. |

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| **How will the desired outcome of the agreement be measured?** *Include details on how those measures will be monitored and how the vendor is performing (if a current agreement). If no measures are being monitored, how do you know if the vendor is being successful?* |
| Click or tap here to enter text. |

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| **What would happen if these services are not rendered (either internally or externally)?** *Include details on the implication to your agency, the state, and citizens, if applicable. Please include any applicable rules and laws requiring these services, if any.* |
| Click or tap here to enter text. |

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| **Provide any additional information to support whether this agreement should be solicited.** |
| Click or tap here to enter text. |

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| **Agency Director Approval** | | | |  | |
|  | | | | | *Comments* |
|  |  |  |  | |  |
| Signature of Agency Director |  | Date |  | |
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| **State Budget Division Review** | | | | | |
|  |  |  |  | | *Comments* |
|  |  |  |  | |  |
| Signature of State Budget Personnel |  | Date |  | |