

**Contract Management System (CMS)
Authorization Form**

- The purpose of this form is to add, inactivate and modify users with online CMS accounts.
- Sign-on ID #s and temporary passwords will be e-mailed to individual staff receiving CMS role designations.

| | |
|--|----------------------------|
| Today's Date: | Contract Number(s): |
| *Please note that the authorization for CMS accounts is not contract specific. If you would like to designate the below user(s) as a primary user for the indicated role, add the contract number and a brief narrative in the space provided. | |

Organization Information

| | | |
|--|---------------------------|-------------------------------|
| Legal Name | | |
| Doing Business As (DBA) Name (if applicable) | | |
| Federal Id | Muni Code (if applicable) | OSC Vendor ID (if applicable) |
| Street Address 1 | | |
| Street Address 2 | | |
| City | State | Zip |

Definition of Roles

Contract, Program Report, Claim Developer [CONUSER] - Responsible for many contract related data entry tasks, such as completing online program reports and/or entering claim information online (**Claim Developer is not an authorized signer for claims or contracts*).

Contract Signatory [CONSIG] - Responsible for signing contracts on behalf of your organization.

Contract Claim Signatory [CLAIMSIG] - Responsible for signing claims on behalf of your organization and submitting them to OCFS.

Contract Viewer [CONVIEWER] - This role gives users basic read-only access to contract specific information.

Contractor User Role Designation

| | | |
|---------|-------|---|
| 1. Name | Title | Check here if this individual already has a CMS account |
|---------|-------|---|

| | |
|----------------|--------------|
| Email Address* | Phone Number |
|----------------|--------------|

| | |
|--|---|
| <p>Activate user Check this box to create a CMS user account</p> <p>Inactivate user Check this box to disable a CMS user account</p> <p>Archive Staff in the CMS Vendor File Check this box if a person is no longer with your agency</p> | <p>Check all that apply:</p> <p>Contract, Program Report or Claim Developer [CONUSER]</p> <p>Contract Signatory [CONSIG]</p> <p>Contract Claim Signatory [CLAIMSIG]</p> <p>Contract Viewer [CONVIEWER]</p> |
|--|---|

| | | |
|---------|-------|---|
| 2. Name | Title | Check here if this individual already has a CMS account |
|---------|-------|---|

| | |
|----------------|--------------|
| Email Address* | Phone Number |
|----------------|--------------|

| | |
|--|---|
| <p>Activate user Check this box to create a CMS user account</p> <p>Inactivate user Check this box to disable a CMS user account</p> <p>Archive Staff in the CMS Vendor File Check this box if a person is no longer with your agency</p> | <p>Check all that apply:</p> <p>Contract, Program Report or Claim Developer [CONUSER]</p> <p>Contract Signatory [CONSIG]</p> <p>Contract Claim Signatory [CLAIMSIG]</p> <p>Contract Viewer [CONVIEWER]</p> |
|--|---|

This section is to be completed by the Head of the Organization or Chief Administrative Officer (i.e. Executive Director/CEO). I hereby authorize the Contract Developer identified above to develop contracts online using CMS (or to be disabled as indicated), the identified Claim Signatory identified above to electronically log and sign contract claims (or to be disabled as indicated) and also authorize the Contract Signatory identified above to electronically sign contracts (or to be disabled as indicated) on behalf of our organization.

| |
|-------------------------------|
| Name of Head of Agency |
| Title |
| Email Address* |
| Phone Number |
| Signature |
| Date |

*This should be an individual email address. Confidential User Id information will be emailed to this address.

**New York State Office of Children and Family Services
Instructions for completing the Authorization Form for the
On-line Contract Management System (CMS)**

Organization Information

All fields on the form must be completed; the only exceptions are the DBA Name and Muni Code.

An organization chart must be submitted which indicates where the organization head or the Chief Administrative Officer and the contract developer and signatory appear in relation to the Board of Directors and the organization.

- ✓ Muni Code - The municipal code is used only for municipal organizations. If it does not apply, the box would be left blank. Questions regarding municipal codes should be directed to the OCFS Contract Manager.
- ✓ OSC Vendor ID – If available, enter your organization’s OSC Vendor ID. This ID is issued by the Vendor Management Unit (VMU) as part of the OSC vendor registration process.
- ✓ Legal Name – Enter as it appears on the Articles of Incorporation or Business Certification.
- ✓ Federal ID – Enter your 9 digit federal ID; please do not enter any dashes (-).
- ✓ State – New York is automatically filled in by default. If different, delete and enter appropriate State.

Contract Developer, Contract Signatory and Claim Signatory, Contract Viewer Information

- ✓ Email Address – This should be an individual email address. The confidential username will be emailed to this address. The password will be provided separately. A company email address accessible by multiple persons should not be used. Confidential communication between OCFS and the Contract Developer and Contract Signatory regarding this account will be sent to this address.
- ✓ Phone Number – Mandatory. If there is a problem with the email address, OCFS will call this number to resolve any issues with the account.
- ✓ Please designate the user role(s). Check the Contract Developer, Contract Signatory, Contract Claim Signatory, and/or Contract Viewer box to indicate the type of account(s) you are authorizing OCFS to create or inactivate. Note that OCFS recommends that at least two Contract Developers, Contract Signatories, and Contract Claim Signatories be assigned for each organization.
- ✓ Check the appropriate box to either activate an account (create a user role), inactivate an account (terminate user access), and/or archive a staff person from the CMS vendor file (ie. If a person is no longer with your organization).

Signed Authorization Form(s) must be received before an organization can use CMS; please return the Authorization Form(s) with an original signature via US mail to:

New York State Office of Children and Family Services
Bureau of Contract Management
52 Washington Street
South Building, Room 202
Rensselaer, New York 12144-2796
Attention: Mr. William Gaudette

Also, please forward an electronic copy to your OCFS Program liaison via email.