

# DEPARTMENT OF INFORMATION TECHNOLOGY

## Interview/Selection for IT Consultants

|   |                      |  |  |   |  |
|---|----------------------|--|--|---|--|
| <b>Agency Name</b>  |                      | <b>Agency Number</b>   |  | <b>Project Name</b>   |  |
|   |                      |  |  |   |  |
| <b>Vendor Name</b>  |                      | <b>Consultant's Name</b>   |  | <b>Consultant Job Classification</b>  |  |
|   |                      |  |  |   |  |
| <b>Start Date</b>   |                      | <b>End Date</b>  |  | <b>Interviewer's name (s)</b>   |  |
|   |                      |  |  |   |  |
| <b>No. of Days</b>  |                      | <b>Daily Rate</b>  |  | <b>Total Cost</b>   |  |
|   |                      |  |  |   |  |
| <b>No. of OT Hours/Week</b>   | <b>Per Hour Rate</b> | <b>Total Hours</b>   |  | <b>Total OT Cost</b>  |  |
|   |                      |  |  |   |  |
| <b>Grand Total</b>  |                      |  |  |   |  |
| <b>OPM Hiring Freeze Guideline Compliance (new project/consultant)</b><br><a href="#">Hiring Freeze Announced</a>   |                      | <b>Qualified DOIT Personnel Available</b><br><a href="#">DOIT Intake Process</a> |  | <b>Web/Internet Consultant Eligibility</b> <a href="#">State of Connecticut Web Site Accessibility Committee</a>  |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>Small Business Set-Aside Program Vendor</b>  |                      | <b>References Checked</b>  |  | <b>Check Appropriate SDM Project Option</b>   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No                         |  | <input type="checkbox"/> SDM STD <input type="checkbox"/> SDM LITE<br><input type="checkbox"/> SDM RAD <input type="checkbox"/> SDM COTS<br><input type="checkbox"/> SDM ENHANCE <input type="checkbox"/> N/A |  |
| Has been determined that there are no qualified SEBAC/Re-Employment Candidates for this position (through agency's personnel)?  |                      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Has the candidate for this position been made aware of the State Code of Ethics as it applies to vendors conducting business with the State of Connecticut? <a href="http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_040609.pdf">http://www.ct.gov/opm/lib/opm/finance/psa/opm_ethicsform6_040609.pdf</a> |                      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Is the vendor selection most cost-effective<br>If No, please explain:   |                      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Does the candidate have other contracts with the state?<br>If Yes, Contract Award/Master Agreement #  |                      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Does the candidate have any immediate family member employed by the state? If Yes, provide employee name and agency:  |                      |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

**I attest, under penalty of perjury, that I am (Check one of the following):**

- A citizen or national of the United States \_\_\_\_\_ (Attach copy of Driver License, Birth Cert., SS)
- A Lawful Permanent Resident (Alien # A \_\_\_\_\_) (Attach copy of Permanent Resident Green Card)
- An Alien authorized to work until \_\_\_\_\_, Alien # or Admission # \_\_\_\_\_ (Attach copy of authorization)

\_\_\_\_\_  
**Signature of Consultant**

\_\_\_\_\_  
**Certified By Agency**

\_\_\_\_\_  
**Date**