
Regional Education Service Agency (RESA) Mega Contract Approval Form

Reminders

- MDE Program Offices may not contact any Mississippi RESA before the RESA Mega Contract Request Form is complete and approved.
- Complete and accurate RESA Mega Contract Approval Forms should be sent to pdservices@mdek12.org; incomplete and/or inaccurate RESA Mega Contract Request Forms will be returned to the appropriate Program Office(s) for revision.
- MDE Program Offices may only begin communicating planned events and/or services via the MDE Professional Development (PD) Calendar, EdUpdate, relevant listservs, email, and/or any other means following receipt of a RESA Mega Contract Approval Form.
- All events facilitated through the RESA Mega Contract must be communicated via the MDE Professional Development Calendar to ensure statewide accessibility to supports provided through federal, state, and other funds. A detailed justification is required if an event will not be advertised via the MDE Professional Development Calendar.

Instructions

Please review the following carefully to ensure approval for contractual and/or facilitation services through the RESA Mega Contract.

- Complete the following checklist for all RESA Mega Contract services.
- Complete **Section I** for all RESA Mega Contract services if only **one** Program Office is requesting approval.
- Complete **Section II** for all RESA Mega Contract services if **multiple** Program Offices are requesting approval, such as for collaborative conferences wherein funding is divided by a percentage, number of days, etc.
- Complete **Section III** for all RESA Mega Contract services.
- Complete **Section IV** for all RESA Mega Contract services.



Checklist

The Primary Contact Program Office must complete the following checklist before submitting to the Professional Development Services inbox at pdservices@mdek12.org.

SECTION I (If Applicable) – Single Office RESA Mega Contract Service Review

- All information provided by the Program Office is correct.
 - YES is checked for Accurate Cost Proposal. **If NO is checked**, the Primary Contact Program Office must **stop** and contact the Mega Contract Fiscal Agent and/or appropriate RESA to correct and resubmit the Cost Proposal.
 - The entire section under Contract Authority and Fund Availability is complete. **If the Cost Proposal exceeds Fund Availability**, the Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.
 - All signatures and dates are complete and correct.
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SECTION II (If Applicable) – Cross-Office RESA Mega Contract Service Review

- All information provided by the Program Office is correct.
 - YES is checked for Accurate Cost Proposal. **If NO is checked**, the Primary Contact Program Office must **stop** and contact the Mega Contract Fiscal Agent and/or appropriate RESA to correct and resubmit the Cost Proposal.
 - The entire section under Contract Authority and Fund Availability is complete. **If the Cost Proposal exceeds Fund Availability**, the Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.
 - All signatures and dates are complete and correct.
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SECTION III – MDE Professional Development Calendar Information

- All information provided by the Program Office is correct and matches the Cost Proposal.
 - A detailed justification is provided if an event will not be advertised via the MDE Professional Development Calendar.
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SECTION IV – Attachments

- All required attachments are provided to ensure timely payment upon services rendered.

SECTION I – Single Office RESA Mega Contract Service Review

COST PROPOSAL REVIEW				
If the Cost Proposal is incorrect and NO is checked, the Program Office must stop and contact the Mega Contract Fiscal Agent and/or appropriate RESA to correct and resubmit the Cost Proposal.				
Program Office				
Primary Contact Name				
Request Name				
Date(s)		Location(s)		
Accurate Cost Proposal (Names, Dates, Locations, Tasks, Etc.)			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTRACT AUTHORITY AND FUND AVAILABILITY			
If the Cost Proposal exceeds Fund Availability, the Program Office must stop and contact the appropriate Chief and/or Chief Designee for further guidance.			
	State Funds	Federal/Other Funds	
Contract Authority in Planned Activities			
Fund Availability on Budget Page			
Cost Proposal Amount			
Fund Availability Minus Cost Proposal Amount			
PO Number		PO Line	
July-August Exception to PO Number/Line PO Requisition has been submitted and PO Line will be in place within 30 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Program Office Budget Signature		Date	
Program Office Director Signature		Date	

SECTION II – Cross-Office RESA Mega Contract Service Review

COST PROPOSAL REVIEW

If the Cost Proposal is incorrect and NO is checked, the Program Office(s) must **stop** and contact the Mega Contract Fiscal Agent and/or appropriate RESA to correct and resubmit the Cost Proposal. Reminder: The Primary Contact is responsible for coordinating any subsequent communication with Secondary Contacts.

Program Office			
Primary Contact Name			
Request Name			
Date(s)		Location(s)	
Accurate Cost Proposal (Names, Dates, Locations, Tasks, Etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROGRAM OFFICE I (PRIMARY) - CONTRACT AUTHORITY AND FUND AVAILABILITY

If the Cost Proposal exceeds Fund Availability, the Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.

	State Funds	Federal/Other Funds
Contract Authority in Planned Activities		
Fund Availability on Budget Page		
Cost Proposal Amount		
Fund Availability Minus Cost Proposal Amount		
PO Number	PO Line	
July-August Exception to PO Number/Line (PO Requisition has been submitted, and PO Line will be in place within 30 days.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Office Budget Signature		Date
Program Office Director Signature		Date

PROGRAM OFFICE II (SECONDARY) - CONTRACT AUTHORITY AND FUND AVAILABILITY

If the Cost Proposal exceeds Fund Availability, the Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.

		State Funds	Federal/Other Funds
Contract Authority in Planned Activities			
Fund Availability on Budget Page			
Cost Proposal Amount			
Fund Availability Minus Cost Proposal Amount			
PO Number		PO Line	
July-August Exception to PO Number/Line (PO Requisition has been submitted, and PO Line will be in place within 30 days.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Office Budget Signature		Date	
Program Office Director Signature		Date	

PROGRAM OFFICE III (SECONDARY) - CONTRACT AUTHORITY AND FUND AVAILABILITY

If the Cost Proposal exceeds Fund Availability, the Program Office must **stop** and contact the appropriate Chief and/or Chief Designee for further guidance.

		State Funds	Federal/Other Funds
Contract Authority in Planned Activities			
Fund Availability on Budget Page			
Cost Proposal Amount			
Fund Availability Minus Cost Proposal Amount			
PO Number		PO Line	
July-August Exception to PO Number/Line (PO Requisition has been submitted, and PO Line will be in place within 30 days.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program Office Budget Signature		Date	
Program Office Director Signature		Date	

SECTION III – MDE Professional Development Calendar Information

PROFESSIONAL DEVELOPMENT CALENDER (TRUMBA) INFORMATION										
All events facilitated through the RESA Mega Contract must be shared via the MDE Professional Development Calendar to ensure statewide accessibility to supports provided through federal, state, and other funds. A detailed justification is required if an event will not be advertised via the MDE Professional Development Calendar.										
Title										
Location Type		<input type="checkbox"/> Face to Face			<input type="checkbox"/> Online			<input type="checkbox"/> Hybrid		
Venue										
Address (If Applicable)										
Start Date			End Date			Repeat?		<input type="checkbox"/> Yes		
Start Time			End Time					<input type="checkbox"/> No		
Professional Growth System Standard										
Event Type		<input type="checkbox"/> Conference		<input type="checkbox"/> Face to Face		<input type="checkbox"/> Meeting		<input type="checkbox"/> Webinar		
Subject Area	<input type="checkbox"/> *All Content Areas		<input type="checkbox"/> Advanced Learning		<input type="checkbox"/> Arts		<input type="checkbox"/> Business Technology			
	<input type="checkbox"/> Child Nutrition		<input type="checkbox"/> CTE		<input type="checkbox"/> Early Childhood		<input type="checkbox"/> ELL			
	<input type="checkbox"/> English Language Arts		<input type="checkbox"/> Foreign Language		<input type="checkbox"/> Health and P.E.		<input type="checkbox"/> Intervention Services			
	<input type="checkbox"/> Library and Media		<input type="checkbox"/> Literacy		<input type="checkbox"/> Math		<input type="checkbox"/> Science			
	<input type="checkbox"/> Social Studies		<input type="checkbox"/> Special Education		<input type="checkbox"/> Other					
Grade Level		<input type="checkbox"/> PreK-K		<input type="checkbox"/> K-2		<input type="checkbox"/> 3-5		<input type="checkbox"/> 6-8		<input type="checkbox"/> 9-12
Registration Contact Information										
Contact			Phone			Email				
Description										

SECTION IV – Attachments

ATTACHMENTS		
All required attachments must be compiled by the program office for approval to ensure timely payment upon services rendered. Attachments must be submitted in one PDF packet in the following order to ensure efficient processing and compliance.		
	YES	NO
Cost Proposal Signed and Dated by the Requesting Program Office	<input type="checkbox"/>	<input type="checkbox"/>
Approved RESA Mega Contract Request Form	<input type="checkbox"/>	<input type="checkbox"/>
Program Office(s) RESA Mega Contract Budget Page(s)	<input type="checkbox"/>	<input type="checkbox"/>
Program Office(s) RESA Mega Contract Purchase Order(s)	<input type="checkbox"/>	<input type="checkbox"/>
Program Office(s) Planned Activity Page(s)	<input type="checkbox"/>	<input type="checkbox"/>
Intra-Agency Grant Approval Letter and Agreement (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>

SECTION V – Approval

COMPLETED BY DIVISION OF PROFESSIONAL DEVELOPMENT			
Request Number(s) by Program Office(s)			
Date Received			
Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Revised
Comments			
Director Signature		Date	