

Contract Review Permanent Legislative Oversight Committee
Alabama State House
Montgomery, Alabama 36130

CONTRACT REVIEW REPORT

(Separate review report required for each contract)

Name of State Agency: _____

Name of Contractor: _____

Contractor's Physical Street Address (No P.O. Box) _____ City _____ ST _____

* Is Contractor organized as an Alabama Entity in Alabama? YES _____ NO _____

* If not, has it qualified with the Alabama Secretary of State to do business in Alabama? YES _____ NO _____

Is Act 2001-955 Disclosure Form Included with this Contract? YES _____ NO _____

Does Contractor have current member of Legislature or family member of Legislator employed? YES _____ NO _____

Was a lobbyist/consultant used to secure this contract OR affiliated with this contractor? YES _____ NO _____

If Yes, Give Name: _____

Contract Number: _____

Contract/Amendment Total: \$ _____ (estimate if necessary)

% State Funds: _____ % Federal Funds: _____ % Other Funds: _____ **

**Please Specify Source of Other Funds (Fees, Grants, etc.) _____

Date Contract Effective: _____ Date Contract Ends: _____

Type Contract: NEW: _____ RENEWAL: _____ AMENDMENT: _____

If Renewal, was it originally Bid? Yes _____ No _____

If AMENDMENT, Complete A through C:

(A) Original contract total \$ _____

(B) Amended total prior to this amendment \$ _____

(C) Amended total after this amendment \$ _____

Was Contract Secured through Bid Process? YES _____ NO _____ Was lowest Bid accepted? Yes _____ No _____

Was Contract Secured through RFP Process? YES _____ NO _____ **Date RFP was awarded:** _____

Summary of Contract Services to be Provided: _____

Why Contract Necessary **AND** why this service cannot be performed by merit employee: _____

I certify that the above information is correct.

Signature of Agency Head

Signature of Contractor

Printed Name

Printed Name

Agency Contact: _____ Phone: _____