

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

LEGAL SERVICES 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 Accepted**) _____ City _____ ST _____

Is Contractor a minority and/or woman-owned business? YES _____ NO _____

If so, is Contractor certified as such by the State of Alabama? YES _____ NO _____

Check all that apply: ALDOT _____ ADECA _____ OTHER (Name) _____

Is Contractor Registered with Alabama Secretary of State to do Business as a Corporation in Alabama? YES _____ NO _____

IF LLC, GIVE NAMES OF MEMBERS: _____

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

Was a Lobbyist/Consultant Used to Secure this Contract OR affiliated with this Contractor? YES _____ NO _____

IF YES, GIVE NAME: _____

Contract Number: C _____ (See Fiscal Policies & Procedures Manual, Page 5-8)

Contract/Amendment Amount: \$ _____ (**PUT AMOUNT YOU ARE ASKING FOR TODAY ONLY**)

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

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

Rate of Compensation: \$ _____ (If over \$195/hr. attach Governor or Attorney General approval)

Amount of RETAINER: \$ _____ Is this Contract for LITIGATION? YES _____ NO _____

Is this a CONTINGENCY Contract? YES _____ NO _____

Attorney Assigned Work: _____

Is Contractor Appointed by Attorney General? YES _____ NO _____ (**IF YES, ATTACH APPOINTMENT LETTER**)

Date Contract Effective: _____ Date Contract Ends: _____

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

If AMENDMENT, Complete A through C:

[A] **ORIGINAL** contract amount \$ _____

[B] Amended total prior to this amendment \$ _____

[C] Amended total after this amendment \$ _____

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 of Agency Head

Printed Name of Contractor

Agency Contact: _____ Phone: _____