

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

**CONTRACT REVIEW REPORT**

(Separate review report required for each contract)

**Contractor Information**

Name of Governmental Body or Purchasing Agency: \_\_\_\_\_

Name of Contractor: \_\_\_\_\_

Contractor's Physical Street Address (No P.O. Box Accepted) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Is Contractor a Sole Source? YES \_\_\_\_\_ NO \_\_\_\_\_ (If Yes, Attach Sole Source Approval from the Chief Procurement Officer)

Is Contractor organized as an Alabama Entity in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

If No, is Contractor Registered with Alabama Secretary of State to do Business in Alabama? YES \_\_\_\_\_ NO \_\_\_\_\_

List the Members/Owners (e.g. John Smith) of the Contracting Entity \_\_\_\_\_

Is Contractor a minority-owned business? YES \_\_\_\_\_ NO \_\_\_\_\_ Is Contractor a woman-owned business? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Is a Lobbyist/Consultant Affiliated with this Contractor OR Used to Secure this Contract? YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, Give Name: \_\_\_\_\_

**Contract Information**

Contract Number: \_\_\_\_\_ (See Fiscal Policies & Procedures Manual)

Contract Amount: \$ \_\_\_\_\_ (Put Amount You Are Asking For Today Only; See Fiscal Policies & Procedures Manual)

% State Funds: \_\_\_\_\_ % Federal Funds: \_\_\_\_\_ % Other Funds: \_\_\_\_\_ \*\*

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

Date Contract Effective: \_\_\_\_\_ Date Contract Ends: \_\_\_\_\_

Type of Contract: NEW: \_\_\_\_\_ RENEWAL: \_\_\_\_\_ AMENDMENT: \_\_\_\_\_

If AMENDMENT or RENEWAL, Complete A through C: If AMENDMENT, will it extend time? YES \_\_\_\_\_ NO \_\_\_\_\_

[A] ORIGINAL contract amount total \$ \_\_\_\_\_

[B] Contract Amount Total prior to this amendment or renewal \$ \_\_\_\_\_

[C] Contract Amount Total after this amendment or renewal \$ \_\_\_\_\_

**RFP:**

Was Contract Secured through RFP Process? YES \_\_\_\_\_ NO \_\_\_\_\_ If RFQ, Answer RFQ Questions Below.

Date the RFP was solicited: \_\_\_\_\_ AND Date the RFP was awarded: \_\_\_\_\_.

Was Contract Posted to Statewide RFP Database at <http://rfp.alabama.gov/Login.aspx>? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, give a brief explanation, including any statutory exemption, as to why not: \_\_\_\_\_

**RFQ:**

Was Contract Secured through RFQ Process? YES \_\_\_\_\_ NO \_\_\_\_\_ Date RFQ was solicited: \_\_\_\_\_ Date RFQ awarded: \_\_\_\_\_

Posted to Division of Construction Management Website? [http://dcm.alabama.gov/ae\\_qualifications.aspx](http://dcm.alabama.gov/ae_qualifications.aspx) YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, give a brief explanation as to why not: \_\_\_\_\_

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 Governmental or Agency Head

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Printed Name of Governmental or Agency Head

\_\_\_\_\_  
Printed Name of Contractor

Governmental or Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_