

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

LEGAL SERVICES 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 _____ ST _____

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 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 _____

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.) _____

Attorney Assigned Work: _____

Is Contractor Appointed by Attorney General? YES _____ NO _____ (If Yes, Attach Appointment Letter)

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

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

Is this a CONTINGENCY Contract in compliance with § 41-4-125? YES _____ NO _____

Date Contract Effective: _____ Date Contract Ends: _____

Type 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 \$ _____

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 of Agency Head Signature of Contractor

Printed Name of Governmental or Agency Head Printed Name of Contractor

Governmental or Agency Contact: _____ Phone: _____