

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 Accepted**) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Is Contractor a Sole Source? YES \_\_\_\_\_ NO \_\_\_\_\_ (**IF YES, ATTACH LETTER**)

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

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 \_\_\_\_\_

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: 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.) \_\_\_\_\_

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 amount** \$ \_\_\_\_\_

[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: \_\_\_\_\_

Posted to Statewide RFP Database at <http://rfp.alabama.gov/Login.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 Agency Head

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

\_\_\_\_\_  
Printed Name of Agency Head

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

Agency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_