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| **REQUEST FOR CONTRACT** | | | | | | | | | | | | | | | | | | | | | | LaGov PO# | | |  | | |
| REQUESTING OFC/DIV: | | | | | | |  | | | | | | | | | | | | | | Type of Contract | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIVISION ADMIN: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASST. SECRETARY: | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCOUNTING REVIEW – Source & Availability of Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 1. Contractor: |  | Contact Person: | |  | | | Address: |  | | Telephone No.: | |  | | |  |  | | Fax No.: | |  | | | Federal Tax ID: |  | | Email Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 2. Total Amount: | \_\_\_\_\_\_\_\_ | Federal: | \_\_\_\_\_\_\_\_\_\_\_ | State: | \_\_\_\_\_\_\_\_\_ | Match: | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | 3. Funding:  Cost Center No.: | \_\_\_\_\_\_\_\_ | Fund No.: | \_\_\_\_\_\_\_\_\_\_\_ | General Ledger No.: | \_\_\_\_\_\_\_\_\_ | Funding Source: | | \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Grant No./MIPR No.: |  | WBS Element No.: |  | Internal Order No. |  | |  |  |   4. Project Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Contract Term: | | | | | | |  | | | | | | | | | | | | |  | | | | | | |
| Justify if more than 12 months: | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Title: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Objective: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 7. Payment: |  | Actual Costs Incurred |  | Fee Schedule | Hourly | Other; specify: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Invoice Frequency: | | | | | |  | | | | | | | If other, specify: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Documentation **must** accompany Request for Contract: (as applicable)  A. Scope of Services must include Deliverables, Budget and Reports (type, frequency and no. of copies)  B. Resumes (1 copy to be submitted with Consulting Service contracts)  C. Civil Service Form  D. Contract Certification Letter  E. Contract Justification Letter  F. Request for Sole Source Selection Form  G. Cost-benefit Analysis (For Professional, Personal & Consulting Contracts over $50,000 and with a term > 6 months) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REQUEST FOR AMENDMENT**  \*\*Complete Items 1,3, 4, 5, 8, 9, 10, and 11 (as applicable). Include LaGov PO # in top right corner\*\* | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | | Reason for Amendment | | | | |  | | | | | | | | | | | | | | | | | | |
| 10. | | Type of Amendment | | | | |  | | Time Extension – Extend date to: | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | |  | | Scope of Services | | | | | |  | | | | | | | | | | | | | |
|  | |  | | | | |  | | Other (Explain) | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | | |  | | Contract Increase | | | | | | | | | | | | | | | | | | | |
| 11. | | | Existing Total Amt: | | | |  | | | | Total Amt of Increase: | | | | |  | | | | | Total: | | |  | |
| Existing Fed: | | | | | | |  | | | | Increase Fed: | | | | |  | | | | | Total Fed: | | |  | |
| Existing State: | | | | | | |  | | | | Increase State: | | | | |  | | | | | Total State: | | |  | |
| Existing Match: | | | | | | |  | | | | Increase Match: | | | | |  | | | | | Total Match: | | |  | |
| 12. | | | | A) Additional Funding Source: | | | | |  | | | | | | | | B) Grant #: | | |  | | | | | |
| C) Other or Multiple Funding Sources: | | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **REQUEST FOR RFP**  \*\*Complete Items 1, 2, 3, 4, 5, 6, 12, 13, 14, & 15. Provide documents specified in 16 (as applicable)\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. | | | | Methods for monitoring progress (monitoring plan): | | | | | | | |  | | | | | | | | | | | | | | | | |
| Methods for Measuring contractor performance: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 14. | | | | Please indicate choice:  Pre-proposal conference  Written questions and answers | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. | | | | Requirements for cost proposal: | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | Justification (need for Contract): | | | | |  | | | | | | | | | | | | | | | | | | | |
| 17. Documentation **must** accompany Request for RFP (see Intranet under Contracts and Grants page for forms and samples):  A. Statement of Work  1. Brief background information (include goals and objectives)  2. Scope of Services (SOS) (tasks to be performed by the Contractor)  3. Progress Reporting (type, frequency, no. of copies)  4. Deliverables (type and time frame)  5. Other terms and conditions (work orders, minimum personnel qualifications, project management requirements DNR responsibilities, measurement and payment, etc.)  B. Rate Schedule  C. Criteria for evaluation and weights for each  D. Cost Benefit Analysis  E. Contract Certification Letter | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FOR ADMINISTRATIVE SERVICES USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accounting Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  BA-22  BA-22 Not Applicable  Secretary Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | |