



DCE REQUEST FOR CONTRACT

LaGov PO #

CONTRACT INFORMATION

Request Date Type of Contract

Requesting Office Section Manager

CONTRACTOR INFORMATION

Contractor Name Contact Person

Address

Email Address Telephone No.

LDR Acct No. Federal Tax ID

UEI Number LaGov Vendor #

CONTRACT OVERVIEW

Contract Title

Contract Objective

Project Manager Contract Term (Dates of contract)

Justification
(>12 months)

CONTRACT AMOUNT AND FUNDING OVERVIEW

Total Contract Amount \$

Federal \$

State \$

Match \$

FUNDING SOURCE(S)

Year	Amount	Fund	Cost Center	GL No.	Grant No.	WBS Element	Internal Order No.
	\$						
	\$						
	\$						
	\$						
	\$						

PAYMENT INFORMATION

Payment Actual Costs Incurred Fee Schedule Hourly Other; specify

Invoice Frequency:

If other, specify:

DOCUMENTATION REQUIRED

Documentation must accompany Request for Contract: (as applicable)

Scope of Services must include Deliverables, Budget and Reports (type, frequency and no. of copies)

Resumes (1 copy to be submitted with Consulting Service contracts)

Civil Service Form

Contract Certification Letter

Contract Justification Letter

Request for Sole Source Selection Form

Cost-benefit Analysis (For Professional, Personal & Consulting Contracts over \$50,000 and with a term > 6 months)

APPROVALS

Prepared By

Date

Section Manager Signature

Date

FOR FISCAL SERVICES USE ONLY

Accounting Approval

Date

BA-22

BA-22 Not Applicable

Secretary Approval

Date