



OFFICE OF THE STATE COMPTROLLER
CONTRACT COMPLIANCE FORM B2
POST-AWARD NOTICE FOR CONTRACTS VALUED AT \$12.5M OR MORE

Submit to contracts@osc.nj.gov no later than 20 business days after the award

Date of Contract Award:	Awarded Contract/Purchase Amount:
OSC File Number:	Today's Date:
Government Unit Name: _____	
Contract Title and Description: _____	
Government Unit Type: <input type="checkbox"/> State Department or Authority <input type="checkbox"/> County or County Authority <input type="checkbox"/> Municipality or Municipal Authority <input type="checkbox"/> School District/Board of Education <input type="checkbox"/> Other: _____ <input type="checkbox"/> State College <input type="checkbox"/> County College <input type="checkbox"/> Joint Purchasing/Coop Pricing System <input type="checkbox"/> Joint Insurance Fund/Health Insurance Fund 	
Government Unit Contract, Bid, RFP or Tracking #: _____	
Name of Vendor (s) or Contractor(s): _____	
Funding Source(s): <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Federal Specify Source e.g. NJEIT, CDBG, FTA: _____	
Contract Type: <input type="checkbox"/> Construction <input type="checkbox"/> Professional Services <input type="checkbox"/> Sale/Purchase of Property <input type="checkbox"/> Lease <input type="checkbox"/> Goods <input type="checkbox"/> Services (other than Professional Services) <input type="checkbox"/> Insurance <input type="checkbox"/> Health, Pharmacy, Dental Benefits <input type="checkbox"/> Concession/Revenue Generating <input type="checkbox"/> Other: _____	
Contract Term (describe in months or years): _____ <input type="checkbox"/> New Contract <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Extension	
Procurement Method: <input type="checkbox"/> Invitation to Bid (low bid) <input type="checkbox"/> Cooperative Contract (National, State or Local) <input type="checkbox"/> Request for Proposals <input type="checkbox"/> Request for Qualifications <input type="checkbox"/> Request for Quotations <input type="checkbox"/> Exempt from Advertisement <input type="checkbox"/> Participation in SHBP or SEHBP <input type="checkbox"/> Other: _____	
Specify Statutory Authority for Procurement: (provide N.J.S.A. citation, regulation or policy): _____	
Submission includes: (Check all that apply) <input type="checkbox"/> Bid/RFP as issued (Do NOT submit Drawings/Plans) <input type="checkbox"/> Addenda/Clarifications <input type="checkbox"/> Bid tabulation/Summary of ratings or rankings <input type="checkbox"/> Recommendation of Award <input type="checkbox"/> Resolution(s) by the governing body <input type="checkbox"/> Evaluation Report <input type="checkbox"/> The submission (bid/proposal) of the successful vendor/contractor <input type="checkbox"/> Required Certifications (EUS, no <input type="checkbox"/> Documents explaining or approving a waiver from bidding conflict of interest, certification of <input type="checkbox"/> All documents associated with a bid protest, including decisional documents necessity) <input type="checkbox"/> Signed Contract <input type="checkbox"/> Any required published notices, such as Notice to Bidders, Notice of Addenda, Notice of Award	
Contact information of government official responsible for submission to OSC:	
Name: _____	
Phone Number: _____	Email Address: _____

Pursuant to N.J.S.A. 52:15C-14, all government units shall provide full assistance and cooperation to the New Jersey Office of the State Comptroller (OSC) with any contract review and shall provide additional documents when requested by OSC.