



OFFICE OF THE STATE COMPTROLLER

CONTRACT COMPLIANCE FORM E1

PRE-AWARD NOTIFICATION FOR CONTRACTS UNDER EXECUTIVE ORDER 166 FOR CONTRACTS VALUED AT \$150,000 OR MORE INVOLVING COVID-19 RECOVERY FUNDS

Submit to contracts@osc.nj.gov

Proposed Advertisement or Purchase Date: _____	Estimated Contract/Purchase Amount: _____	Today's Date: _____				
State Department or Authority: _____						
Contract Title and Description: _____						
Project #, Bid, RFP or Waiver #: _____						
Anticipated Source(s) of Federal Funding: Specify Source e.g. CORONAVIRUS RELIEF ACT (CRF), FEMA, CARES ACT, Consolidated Act or any other COVID-19 funding source: _____						
Contract Type: <input type="checkbox"/> Professional Services <input type="checkbox"/> Services (other than Professional services) <input type="checkbox"/> Goods <input type="checkbox"/> Construction <input type="checkbox"/> Other: _____						
Contract Term (describe in months or years): _____ <input type="checkbox"/> New Contract <input type="checkbox"/> Renewal/Extension <input type="checkbox"/> Amendment/Supplement						
Procurement Method: <input type="checkbox"/> Waiver (Exempt from Advertisement) <input type="checkbox"/> State Contract Purchase <input type="checkbox"/> Cooperative Purchase <input type="checkbox"/> Invitation to Bid (low bid) <input type="checkbox"/> Request for Proposals <input type="checkbox"/> Request for Qualifications <input type="checkbox"/> Delegated Purchasing Authority (DOH, OEM, DHS & DCF only) <input type="checkbox"/> Other: _____						
Statutory Authority: <input type="checkbox"/> State Procurement Law (N.J.S.A. 52:34-6 et seq./N.J.S.A. 52:32-2) <input type="checkbox"/> Executive Order 37 <input type="checkbox"/> Other: (Cite statute, administrative code or internal procurement policy): _____						
SUBMISSION INCLUDES (check all that apply):						
<table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align: top;"> EXCEPTIONS FROM BIDDING: DPP WAIVER or DPA: <input type="checkbox"/> CC-129 <input type="checkbox"/> Justification for waiver Approvals: <input type="checkbox"/> CCAU Pre-Approval <input type="checkbox"/> OMB Approval <input type="checkbox"/> DAG Approval <input type="checkbox"/> OIT Approval <input type="checkbox"/> Treas. Approval <input type="checkbox"/> Request for Quotes or Proposals </td> <td style="width:50%; vertical-align: top;"> STATE AUTHORITIES/INSTRUMENTALITIES, COLLEGE or UNIVERSITY <input type="checkbox"/> Justification for bidding exception (e.g. emergency/sole source) <input type="checkbox"/> Proposed Agreement <input type="checkbox"/> Request for Quotes or Proposals <input type="checkbox"/> Any required approvals </td> </tr> <tr> <td style="vertical-align: top;"> STATE CONTRACT PURCHASE State Contract #: _____ Is a Mini-Bid required under Method of Operation? _____ <input type="checkbox"/> Vendor Quote (if required) <input type="checkbox"/> Request for Quotes or Proposals </td> <td style="vertical-align: top;"> COOPERATIVE PURCHASE Issuing Agency: _____ <input type="checkbox"/> Proof of Co-op Membership <input type="checkbox"/> Participating Addendum </td> </tr> </table>			EXCEPTIONS FROM BIDDING: DPP WAIVER or DPA: <input type="checkbox"/> CC-129 <input type="checkbox"/> Justification for waiver Approvals: <input type="checkbox"/> CCAU Pre-Approval <input type="checkbox"/> OMB Approval <input type="checkbox"/> DAG Approval <input type="checkbox"/> OIT Approval <input type="checkbox"/> Treas. Approval <input type="checkbox"/> Request for Quotes or Proposals	STATE AUTHORITIES/INSTRUMENTALITIES, COLLEGE or UNIVERSITY <input type="checkbox"/> Justification for bidding exception (e.g. emergency/sole source) <input type="checkbox"/> Proposed Agreement <input type="checkbox"/> Request for Quotes or Proposals <input type="checkbox"/> Any required approvals	STATE CONTRACT PURCHASE State Contract #: _____ Is a Mini-Bid required under Method of Operation? _____ <input type="checkbox"/> Vendor Quote (if required) <input type="checkbox"/> Request for Quotes or Proposals	COOPERATIVE PURCHASE Issuing Agency: _____ <input type="checkbox"/> Proof of Co-op Membership <input type="checkbox"/> Participating Addendum
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PUBLICLY ADVERTISED: <input type="checkbox"/> Bid/RFP in final form with all attachments <input type="checkbox"/> Proposed notices (legal advertisements)						
Contact information (individual responsible for submission to OSC):						
Name: _____						
Phone Number: _____		Email: _____				
Accountability Officer Name: _____		Email: _____				

Pursuant to N.J.S.A. 52:15C-14 and E.O. 166 (Murphy), 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.