



OFFICE OF THE STATE COMPTROLLER

CONTRACT COMPLIANCE FORM A

POST-AWARD NOTICE FOR CONTRACTS VALUED AT MORE THAN \$2M BUT LESS THAN \$10M

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

Government Unit Name: _____			
Today's Date: _____			
Date of Contract Award: _____	Contract/Purchase Amount: _____		
Contract Title and Description: _____			
Government Unit Type:			
<input type="checkbox"/> State Department or Authority	<input type="checkbox"/> State College		
<input type="checkbox"/> County or County Authority	<input type="checkbox"/> County College		
<input type="checkbox"/> Municipality or Municipal Authority	<input type="checkbox"/> Joint Purchasing/Coop Pricing System		
<input type="checkbox"/> School District/Board of Education	<input type="checkbox"/> Joint Insurance Fund/Health Insurance Fund		
<input type="checkbox"/> Other: _____			
Government Unit Contract, Bid, RFP or Tracking #: _____			
Name of Vendor(s) or Contractor(s): _____			
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):			

Funding Source(s):			
<input type="checkbox"/> State	<input type="checkbox"/> Local	<input type="checkbox"/> Federal	
Specify Source e.g. NJEIT, CDBG, FTA: _____			
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 conflict of interest, certification of necessity)		
<input type="checkbox"/> Documents explaining or approving a waiver from bidding			
<input type="checkbox"/> All documents associated with a bid protest, including decisional documents			
<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.