



OFFICE OF THE STATE COMPTROLLER

CONTRACT COMPLIANCE FORM A

POST-AWARD NOTICE FOR CONTRACTS VALUED AT MORE THAN \$2.5M BUT LESS THAN \$12.5M

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"/> 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): _____	
Contract Type: <input type="checkbox"/> Construction <input type="checkbox"/> Goods <input type="checkbox"/> Health, Pharmacy, Dental Benefits <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Professional Services <input type="checkbox"/> Services (other than Professional Services)	
<input type="checkbox"/> Sale/Purchase of Property <input type="checkbox"/> Lease <input type="checkbox"/> Insurance <input type="checkbox"/> Concession/Revenue Generating	
Contract Term (describe in months or years): _____ <input type="checkbox"/> New Contract <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Extension <input type="checkbox"/> 5.3 Extension	
Procurement Method: <input type="checkbox"/> Invitation to Bid (low bid) <input type="checkbox"/> Request for Proposals <input type="checkbox"/> Request for Quotations <input type="checkbox"/> Participation in SHBP or SEHBP <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Cooperative Contract (National, State, or Local) <input type="checkbox"/> Request for Qualifications <input type="checkbox"/> Exempt from Advertisement	
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"/> Bid tabulation/Summary of ratings or rankings <input type="checkbox"/> Resolution(s) by the governing body <input type="checkbox"/> The submission (bid/proposal) of the successful vendor/contractor <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	
<input type="checkbox"/> Addenda/Clarifications <input type="checkbox"/> Recommendation of Award <input type="checkbox"/> Evaluation Report <input type="checkbox"/> Required Certifications (EUS, no conflict of interest, certification of necessity)	
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.