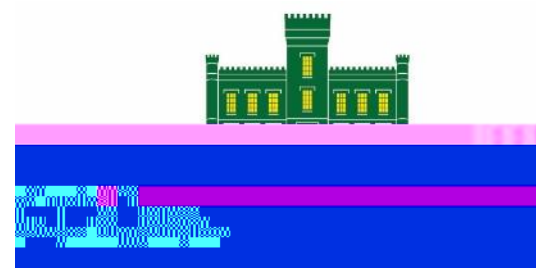


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Contract Number

Agency

Division, Branch, Etc.

Type of Contract:

New

Renewal

or

Extension for Time Only

NOTE: All answers must be answered fully. If space provided is insufficient, additional pages should be attached referring to the numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

1. Name and Address of Contractor

2. Effective Period of Contract

Start Date:

End Date:

3. Explain, with specificity, the work to be performed. **(Be specific and include description of project; type(s) of service(s) to be delivered; reports or products to be prepared; reason for duration of contract, etc.)**

4.

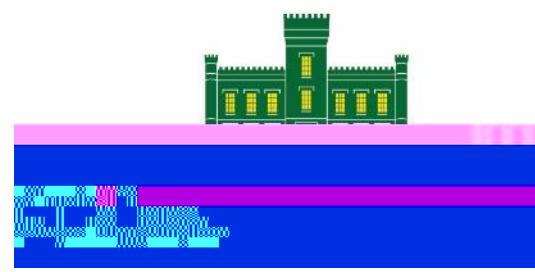
NO

If yes, explain:

B. Will the Contract

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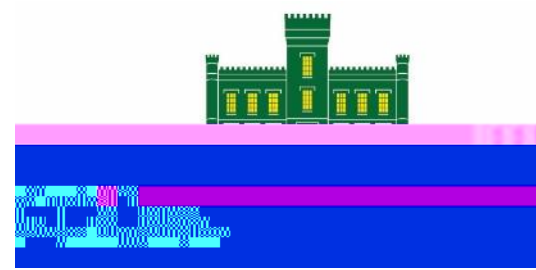


5. FINANCIAL AND CONTRACT COST DATA

A.

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If other, explain:

I. Social Security Number (if individual) or IRS ID Number (if firm or corporate entity) of proposed Contractor.

Social Security/FEIN Number:

NOTE: If professional employment contract with firm or corporate entity, attach a complete list of names and social security number of all officers, as well as employees performing work directly related to the Contractor. If an individual, attach name and social security number.

J. , I D Q L Q G L Y L G X D O Z L O O W K H W H U P V R I W K H & R Q W U D F W U H T X O p a r t i m e W K D W
for FICA purposes? YES NO

6. JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM THE SERVICE

The following questions should be addressed at a minimum:

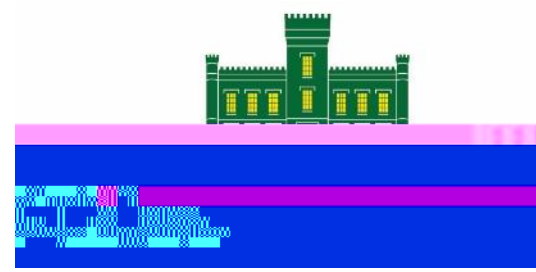
What inhouse method(s) were considered and why potential inhouse method(s) rejected? Is the part of such nature that: it should be done independently of the agency to avoid a conflict of interest; it requires unique or special expertise/qualifications or other special circumstances require of an outside provider? If services are needed on a continuing basis, describe efforts made to secure services through regular state employment channels? Will agency personnel provide staff support services to the contractor?

7. Name(s) and address(es) of other provider(s) considered to perform the service.

8. Basis for selection of proposed Contractor. (Explain process used in making decision, solicitation of proposals, bids, references, and evaluation criteria applied).

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9. 3/\$11(' 683(59,6,21 \$1' 021,725,1* 2) 7+(&2175\$&725.6 3(5)250\$1&(

A. Name and title of responsible person:

Office and location:

Telephone number:

Email address:

B. Describe the monitoring activities, both programmatic and fiscal, which will be performed, including the manner in which monitoring needs will be addressed in the Contract to facilitate this activity:

SIGNATURES:

Prepared by: _____

Date: _____

Title:

Recommended by: _____

Date: _____

Title:

Approved by: _____

Date: _____

Title: