Office of Procurement from Community Rehabilitation Programs
Service · Support · Solutions

CONTRACT APPROVAL FORM

INDEX NUMBER:

SECTION A: CONTRACT INFORMATION

CONTRACT TYPE: ☐ NEW CONTRACT ☐ RENEWAL

PROCUREMENT TYPE: ☐ PRODUCT ☐ SERVICE

TYPE OF PRODUCT OR SERVICE:

SERVICE SITE (IF APPLICABLE):

SITE STREET ADDRESS:

CITY: STATE: ZIP CODE:

☐ **CHECK (√) IF CONTRACT COVERS MULTIPLE YEARS OR CONTAINS MULTIPLE ITEMS, ATTACH CONTRACT MULTI YEAR/ MULTI SITE FORM, AND INDICATE IN THE UOM COST AS "*VARIES*".**

CONTRACT PERIOD: START DATE: / / END DATE: / /

CONTRACT TOTAL: $

UNIT OF MEASURE (UOM)COST: $

UOM & NUMBER OF INCREMENTS: ☐ HOURS ☐ WEEKS ☐ OCCURRENCES ☐ DAYS ☐ MONTHS ☐ OTHER:

SECTION B: CONTRACTOR INFORMATION

CONTRACTOR OF RECORD:

CONTRACTOR CONTACT:

CONTRACTOR ADDRESS:

CONTRACTOR PHONE: CONTRACTOR FAX:

CONTRACTOR EMAIL: VENDOR NUMBER:

ALL NEW AND RENEWAL CONTRACTS ARE REQUIRED TO PROVIDE A CERTIFICATE OF LIABILITY INSURANCE AND DESIGNATING THE STATE OF OHIO AS AN ADDITIONAL INSURED AS REFERENCED IN THE *TERMS AND CONDITIONS SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS S-13*.

Ohio DAS General Services Division | Office of Procurement from Community Rehabilitation Programs
Service · Support · Solutions

CONTRACT APPROVAL FORM

SECTION C: GOVERNMENT ORDERING OFFICE INFORMATION

☐ AGENCY, BOARD OR COMMISSION

☐ OHIO DEPARTMENT OF TRANSPORTATION (ODOT)

☐ POLITICAL SUBDIVISION:

☐ UNIVERSITY:

☐ BOARD OF EDUCATION:

☐ OTHER:

ORDERING OFFICE:

ORDERING OFFICE CONTACT:

ORDERING OFFICE ADDRESS:

ORDERING OFFICE EMAIL:

ORDERING OFFICE PHONE: FAX:

SECTION D: ACKNOWLEDGMENT

SIGNATURE INDICATES ACCEPTANCE OF OFFICE OF PROCUREMENT FROM COMMUNITY REHABILITATION PROGRAMS TERMS AND CONDITIONS (INCLUDING SPECIAL TERMS AND CONDITIONS WHERE APPLICABLE), THE PRICING, THE DURATION AND THE SPECIFICATIONS (OR SCOPE OF WORK), BUT DOES NOT COMMIT A GOVERNMENT ORDERING OFFICE TO ANY SPECIFIC PURCHASE. PLEASE REFER TO THE WEBSITE BELOW FOR THE TERMS AND CONDITIONS.

http://das.ohio.gov/crp

PLEASE SIGN IN BLUE INK AND ATTACH THE SCOPE OF WORK OR SPECIFICATIONS OF THE CONTRACT

(SIGNATURE – **QNA/CRP**) DATE

(PRINTED NAME)

(TITLE)

(SIGNATURE – **ORDERING OFFICE**) DATE

(PRINTED NAME)

(TITLE)

ROBERT BLAIR, DAS DIRECTOR DATE