CONTRACT APPROVAL FORM

NCAS # _____

CONTRACTOR INFORMATION

DHHS # _____

Name: _____

Address: (to which checks will be mailed) Street, City, State Zip

_____

DIVISION INFORMATION
(DO NOT COMPLETE CONTRACT UNIT USE ONLY)
Contract Coordinator: _____
Tel #: _____

Type: ☐ Public ☐ For Profit ☐ Non Profit ☐ NC Comm College
☐ UNC System ☐ UNIV Pvt In State ☐ UNIV Out of State

Section: Not Applicable

Federal Tax ID#: _____ **Grp #** _____ **Fiscal Year:** mo/mo _____ to _____

Contractor Administrator: _____ **Tel # :** _____ **Fax #:** _____

CONTRACT INFORMATION

Description: _____

Contract ID # _____ Contract Dates _____ to _____ Status: ☐ New ☐ Renew ☐ Amd # _____ Year _____

How Procured: ☐ Sole Source ☐ RFP ☐ RFQ ☐ RFA ☐ Govt Sub Contract: ☐ Yes ☐ No Audit : ☐ POS ☐ FA

Off shore: ☐ Yes ☐ No

Services: ☐ Adult ☐ Children ☐ Both ☐ N/A Classification: _____ Item #: GN _____

Company #	Account #	Center #	Amount
2B01	_____	_____	_____
2B01	_____	_____	_____
2B01	_____	_____	_____

If Processing an Amendment: TOTAL OR AMENDMENT AMOUNT _____

Purchasing & Contract #: _____ Current Contract Total: _____

New Contract Dates: _____ to _____ New Contract Total: _____

APPROVALS for INTENT TO CONTRACT

1. _____
Contract Admin Initials ---Branch Head Signature Date

2. _____ ☐ Approve ☐ Disapprove
Contract Office Date

3. _____ ☐ Funds Budgeted ☐ Funds Not Available
Budget Office Date ☐ Funds Proposed ☐ Funds Proposed, Require Alignment

4. _____ ☐ Approve ☐ Disapprove
Director/Designee Date

5. _____ ☐ Approve ☐ Disapprove
Public Affairs/DIRM/HR, if required Date

6. _____ ☐ Approve ☐ Disapprove
DHHS Budget & Analysis, if required Date

7. _____ ☐ Approve ☐ Disapprove
DHHS Purchasing, if required Date ☐ Conditional Approval based on Funds Proposed
P&C Number _____

Comments: _____

DIVISION BUDGET OFFICER - FINAL SIGNATURE APPROVAL---FUNDS BUDGETED

1. _____ Date: _____