

PROOF OF NECESSITY FORM

Government Contract Review Committee

Legislative Research Commission



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 referencing the specifically 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 a description of project; type(s) of service(s) to be delivered; reports or products to be prepared; reason for duration of contract, etc.)

4.

A. Does an identified or anticipated reason now exist which would indicate a need to renew the Contract for the succeeding fiscal year? YES NO

If yes, explain:

B. Will the Contract provide for cancellation by the Department upon a maximum of 30 days or less written notice to the Contractor? YES NO

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5. FINANCIAL AND CONTRACT COST DATA

A. Total Projected Cost of Contract: \$

Source of Funds: Federal \$

State \$

Local/Other \$

B. If Contract is supported by federal funds, indicate:

Grant/Project Title:

Grant ID Number:

CFDA Number:

C. If Contract is supported by state funds, indicate source(s) and amount(s). (i.e., General Fund, Trust, and Agency, Other)

D. Was the Contract cost included in the original Budget Request? YES NO (if no, explain)

E. Describe, in detail, how the projected cost of the Contract was derived. (Attach proposed budget when applicable)

F. Basis for payment. Hourly: \$

Per Diem: \$

Fee for Services: \$

Other: \$

G. Method of payment. Straight Disbursement Inter-Account

H. Frequency of payment. Monthly Quarterly Upon Completion Other

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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 numbers of all officers, as well as all employees performing work directly related to the Contractor. If an individual, attach name and social security number.

J. If an individual, will the terms of the Contract require that the Contractor be considered an “employee” of this Department 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 in-house method(s) were considered and why were potential in-house 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; and/or legal or other special circumstances require use 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, i.e., solicitation of proposals, bids, references, and evaluation criteria applied).

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**KENTUCKY STATE
UNIVERSITY**

9. PLANNED SUPERVISION AND MONITORING OF THE CONTRACTOR'S PERFORMANCE

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: