



Little Rock City Attorney's Office  
500 W. Markham, Suite 310  
Little Rock City, Arkansas 72201  
501-371-4510

## CONTRACT INFORMATION FORM

**This form must be filled out prior to requesting an assignment from the City Attorney's Office. Please send this fully completed form with your request for an assignment.**

1. Name of Vendor (include d/b/a if appropriate and indicate the type of company, *e.g.*, corp., LLC):

2. Items/services to be purchased:

3. Type of competitive selection:

ITB  RFP  RFQ  Quote Bid (Please provide a copy of the ITB/RFP/RFQ and the vendor's response)

Sole Source (Please provide a copy of the Sole Source Ordinance and if no ordinance has been passed yet, the Sole Source Justification Letter)

N/A Purchased from a State Contract

4. Bid Number:  Please provide a copy of all City bid documents and all responsive documents of the successful bidder.

5. Resolution or Ordinance Number:

Please provide a copy of the resolution or ordinance.

a. If there is no resolution or ordinance, explain why there is no resolution or ordinance:

Less than \$50,000

No cost and no requirement of Board authority

Resolution or ordinance will go before the Board of Directors on this date

Other:

Contract Amount: \$

b. Contingency (dollar amount and percentage):

6. Is this a Professional Service Contract under \$50,000?  Yes  No

a. If so, please indicate the date when the contract has been reviewed by the Mayor and Board of Directors pursuant to Ordinance No. 22,206:

7. Contract Term/Time to Perform:

Years

Months

No term, purchase of item

Other. Please explain:

If the contract allows for extension, what will be the terms of the extensions? *I.e.*, number of possible extensions and length of time for each.

8. Funding Sources: Are any grants related to this project or department? Yes  No

a. If so, which grant(s)

9. Please provide the Name and Title of the person who is authorized to enter into contract on behalf of the Vendor (the person who has the authority to sign contracts for the Vendor) and the contact information for this person. The name and other information needs to be printed clearly so we can read it.

Name:

Title:

Phone Number:

Email:

10. Contact Person for the Vendor: (This person will generally manage the project for the Vendor. This person may be different from the bidder or the person with legal authority to execute contracts.)

Name:

Title:

Email Address:

Physical Address:

Mailing Address:

Phone:

Mobile Phone:

- Contact person for the City: (This person will receive invoices and generally manage the project for the City.)

Name:

Title:

Email Address:

Physical Address:

Mailing Address:

Mobile Phone:

11. Is there a quote for this contract?  Yes  No

a. If so, when will the quote expire?

12. Is this a contract renewal?  Yes  No

If this is a renewal, please provide the original contract and, if applicable, the ordinance or resolution related to the original contract.

13. Other necessary information:

14. This section is to be completed by the person filling out this form.

Name:

Title:

Phone Number:

Email Address:

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Signature

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Date