



## **INSTRUCTIONS: HOW TO PREPARE FORM BA-22 (10/2005)**

**GENERAL:** Part of the review of all State Contracts is the review of Form BA-22. Per Title 4. Part V. Chapter 23 – PPM Number 61. Section 2305.A.: “The Form BA-22 is designed to give the Budget Office the required information needed to give budgetary approval.”

If a properly executed BA-22 is not attached, the contract will be returned per Title 4. Part V. Chapter 23 – PPM Number 61. Section 2303.A., without action. Title 4. Part V. Chapter 23 – PPM Number 61. Section 2303.A states the following: “The Office of Contractual Review is hereby directed to return, without action, any professional service agreement received without a properly executed BA-22 PS attached.”

The BA-22 form is available on both the OPB and the Office of Contractual Review’s (OCR) websites.

### **Agency/Program Information**

Fill in all of the blanks in this section.

1. Input Date
2. Input Dept/Agency/Program Name
3. Input Agency/Program BA-22 #
4. Input Dept/Budget Unit/Program #
5. Input OCR/CFMS Contract #
6. Input Agency/Program Contract #

Note: If contract is being amended, place A1, A2, etc. following the Agency/Program Contract #.

If contract is being cancelled, place C1, C2, etc. following the Agency/Program Contract #.

### **Fiscal Information**

Fill in all of the blanks in this section.

7. Input Fiscal Year for this BA-22
8. Input BA-22 Start/End Dates

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**Multi-year contract information**

Fill in all of the blanks in this section.

9. Determine if this is a multi-year contract and then circle or underline "Yes" or "No"
10. If "Yes" input contract Start/End Dates
11. Input Contractor/Vendor Name
12. Input Contractor/Vendor No.
13. Input a statement of "Services Provided"

**Contract Amendment information**

Fill in all of the blanks in this section.

14. Determine if this is a contract amendment and then circle or underline "Yes" or "No"
15. If "Yes" input Amendment Start/End Dates

**Contract Cancellation**

Fill in all of the blanks in this section.

16. Determine if this is a contract cancellation and then circle or underline "Yes" or "No"
17. If "Yes" input Date of Cancellation
18. Input rationale for amendment or cancellation

**Budget Information**

Fill in the financial information in this section.

This information is to be provided at the Agency/Program Level

19. Input for State General Fund, the Current Year Amount, and Total Contract Amount, The Current Year % and Total Contract % are formula driven and requires no input.
20. Input for Interagency Transfers, the Current Year Amount, and Total Contract Amount, The Current Year % and Total Contract % are formula driven and requires no input.
21. Input for Fees and Self Gen., the Current Year Amount, and Total Contract Amount, The Current Year % and Total Contract % are formula driven and requires no input.
22. Input for Statutory Dedication, the Current Year Amount, and Total Contract Amount, The Current Year % and Total Contract % are formula driven and requires no input.
23. Input for Federal, the Current Year Amount, and Total Contract Amount, The Current Year % and Total Contract % are formula driven and requires no input.

THE TOTALS ARE FORMULA DRIVEN AND REQUIRES NO INPUT

24. Input information to Specify Source (i.e., grant name, fund name, IAT sending agency/program and revenue source, fee type and source, etc.)

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**Revenue Collections**

Fill in the financial information in this section.

25. Determine if revenue collections for funds utilized above are in line with budgeted amounts? Input "Yes" or "No"
26. If answer is "No," provide explanation.

**Budget Information**

Fill in the information in this section.

This information is to be provided at the Agency/Program Level

27. Input Name of Object Code/Category
28. Input Object Code/Category Number
29. Input Amount Budgeted
30. The "Amount this BA-22" is formula driven and requires no input
31. Input Amount Previously Obligated
32. Balance is formula driven and requires no input

**Agency/Program Approval**

Fill in all of the blanks in this section.

33. Provide signature of Agency/Program Contact
34. Input Name of Agency/Program Contact
35. Input Title of Agency/Program Contact
36. Input Phone of Agency/Program Contact

37. Provide signature of Reviewed/Approved By

**NOTE: By signing in the "Reviewed/Approved By" section the agency head is certifying that "The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit"**

38. Input Name of Reviewed/Approved By
39. Input Title of Reviewed/Approved By
40. Input Phone of Reviewed/Approved By

**NOTE: If a contract is funded from multiple programs, then a separate BA-22 must be submitted for each program.**

If you have any questions about Form BA-22, please contact your OPB budget analyst at 225-342-7005.

Original: September, 2005

Revised: October 2005