DIVISION OF ADMINISTRATION
OFFICE OF STATE PROCUREMENT
BA-22 FORM

GENERAL

Percentage of contracts resulting from RFP process approved within 21 days.

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 State Procurement 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 OSP and the OPB websites.

NOTE: Per OPB, all contracts submitted to OSP must include a BA-22 form. Only Boards and Commissions are exempt from this process and are not required to submit BA-22 forms to OSP.

The following pages give detailed instructions for completing the BA-22 form.
INSTRUCTIONS TO COMPLETE FORM BA-22

Agency/Program Information

Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>Date: __________________</th>
<th>Dept/Budget Unit/Program #: __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept/Agency/Program Name: __________________</td>
<td>Purchase Order/Contract #: __________________</td>
</tr>
<tr>
<td>Agency/Program BA-22 #: __________________</td>
<td>Agency/Program Contract #: __________________</td>
</tr>
</tbody>
</table>

1. Input current date (MM/DD/YYYY)
2. Input Department/Budget Unit #
3. Input Agency Name
4. Input Purchase Order #(2000)/Contract #(4400)
5. Input Agency BA-22 #
6. Input Agency Contract #
   Note: For amended contracts, place A1, A2, etc. following the Agency/Program Contract #
   For cancelled contracts, place C1, C2, etc. following the Agency/Program Contract #

Fiscal Information

Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>Fiscal Year for this BA-22: (yyyy-yy)</th>
<th>BA-22 Start/End Dates: (Start Date) (End Date)</th>
</tr>
</thead>
</table>

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

Multi-year contract information

Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>Multi-year Contract (Yes/No): __________________</th>
<th>If &quot;Yes&quot;, provide contract dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Contractor/Vendor Name) __________________</td>
<td>(Contractor/Vendor No.) __________________</td>
</tr>
<tr>
<td>(Provide a statement of &quot;Services Provided&quot;)</td>
<td></td>
</tr>
</tbody>
</table>

9. Determine if this a multi-year contract and then enter “Yes” or “No”
10. If “Yes” input contract Start/End Dates
11. Input Contractor/Vendor Name
12. Input Contractor/Vendor Number
13. Input a brief statement of “Services Provided”

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INSTRUCTIONS TO COMPLETE FORM BA-22

Contract Amendment/Cancellation information

Fill in all of the blanks in this section.

Contract Amendment (Yes/No): ______ Amendment Start/End Dates: (Start Date) (End Date)
Contract Cancellation (Yes/No): ______ Date of Cancellation:

14. If this is a contract amendment, input “Yes” or “No” in space provided
15. If “Yes”, input Amendment Start/End Dates
16. If this is a contract cancellation, input “Yes” or “No” in space provided
17. If “Yes” input Date of Cancellation
18. Input brief contract description for amendment or cancellation

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Budget Information/Revenue Collection

Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>MEANS OF FINANCING</th>
<th>AMOUNT</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State General Fund</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Interagency Transfers</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Fees and Self Gen.</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Statutory Dedication</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
<tr>
<td>Federal</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
<tr>
<td>TOTALS</td>
<td>$0.00</td>
<td>%</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

*Specify Source (i.e., grant name, fund name, IAT sending agency and revenue source, fee type and source, etc.)

Are revenue collections for funds utilized above in line with budgeted amounts? (Yes/No)
If not, explain. 

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

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INSTRUCTIONS TO COMPLETE FORM BA-22

Budget Information
This information is provided by the Agency/Program Level
Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>Name of GL /Category:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>GL/Category Number:</td>
<td></td>
</tr>
<tr>
<td>Amount Budgeted:</td>
<td></td>
</tr>
<tr>
<td>Amount Previously Obligated:</td>
<td></td>
</tr>
<tr>
<td>Amount this BA-22:</td>
<td>$0.00</td>
</tr>
<tr>
<td>Balance:</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

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

Agency/Program Approval
Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>Agency/Program Approval</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agy/Prg Contact:</th>
<th>Reviewed/Approved By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Title:</td>
<td>Title:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

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

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For Agency Use Only

Fill in all of the blanks in this section.

<table>
<thead>
<tr>
<th>FOR AGENCY USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>COST CENTER</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

41. Input provided by Agency only