

**DIVISION OF ADMINISTRATION
OFFICE OF STATE PROCUREMENT
BA-22 FORM**

GENERAL

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

**Title 4
ADMINISTRATION
Part V. Policy and Procedure Memoranda
Chapter 23. Professional Services Approval (BA-22 PS)•PPM Number 61**

§2301. Purpose

A. It is the purpose of this memorandum to provide for a Form Number BA-22 PS to be used in all professional services agreements. This form must accompany each signed professional service agreement that is forwarded to the Division of Administration for final consideration.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:7.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 1:263 (June 1975).

§2303. Office of Contractual Review

A. 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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:7.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 1:263 (June 1975).

§2305. Form BA-22 PS

A. The Form BA-22 PS is designed to give the Budget Office the required information needed to give budgetary approval.

B. Agencies may reproduce attached Form BA-22 PS as needed.

AUTHORITY NOTE: Promulgated in accordance with R.S. 39:7.

HISTORICAL NOTE: Promulgated by the Office of the Governor, Division of Administration, LR 1:263 (June 1975).

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.

STATE OF LOUISIANA DIVISION OF ADMINISTRATION BA-22 (Revised 7/2020)			
Date: _____	Dept/Budget Unit/Program #: _____		
Dept/Agency/Program Name: _____	Purchase Order/Contract #: _____		_____
Agency/Program BA-22 #: _____	Agency/Program Contract #: _____		_____

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.

Fiscal Year for this BA-22: _____	BA-22 Start/End Dates: _____
(yyyy-yy)	(Start Date) (End Date)

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.

Multi-year Contract (Yes/No): _____	<i>If "Yes", provide contract dates:</i>	
_____	(Start Date)	(End Date)
(Contractor/Vendor Name) _____	(Contractor/Vendor No.) _____	
(Provide a statement of "Services Provided") _____		

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"

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: _____	<small>(Start Date)</small>	<small>(End Date)</small>
Contract Cancellation (Yes/No): _____	Date of Cancellation: _____		
<small>(Provide rationale for amendment or cancellation)</small>			

- 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

Budget Information/Revenue Collection

Fill in all of the blanks in this section.

This information is to be provided at the Agency/Program Level				
MEANS OF FINANCING	AMOUNT			
	Current Year	%	Total Contract	%
State General Fund	\$0.00	%	\$0.00	0%
Interagency Transfers	\$0.00	%	\$0.00	0%
Fees and Self Gen.	\$0.00	%	\$0.00	0%
Statutory Dedication	\$0.00	%	\$0.00	0%
Federal	\$0.00	%	\$0.00	0%
TOTALS	\$0.00	%	\$0.00	0%

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

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.

Name of GL /Category:	_____
GL/Category Number:	_____
Amount Budgeted:	_____
Amount Previously Obligated:	_____
Amount this BA-22:	\$0.00
Balance:	\$0.00

- 27. Input Name of GL /Category
- 28. Input GL/Category Number
- 29. Input "Amount Budgeted"
- 30. The "Amount Previous 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.

The approval of the aforementioned contract will not cause this agency/program to be placed in an Object Category deficit.	
Agy/Prg Contact: _____	Reviewed/Approved By: _____
Name: _____	Name: _____
Title: _____	Title: _____
Phone: _____	Phone: _____

- 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

For Agency Use Only

Fill in all of the blanks in this section.

FOR AGENCY USE ONLY						
COST CENTER	FUND	G/L	ORDER #	GRANT #	WBS ELEMENT	AMOUNT

41. Input provided by Agency only