



# Contract Processing Worksheet

Program: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Division ID: \_\_\_\_\_ Project ID: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Seeking:      New Contract      Renewal/Extension      Amendment

Description of Service: \_\_\_\_\_

Proposed Term: \_\_\_\_\_ Months or From \_\_\_\_\_ to \_\_\_\_\_

**Decision Tree Results:**

Fee for Service     Revenue

Interagency         Non-Competitive

Sole-Source         Proprietary

Delegated Authority # \_\_\_\_\_

RFP/RFI/RFQ # \_\_\_\_\_

Other: \_\_\_\_\_

**Endorsements Needed:**

Renewal/Extension Request

Amendment Request

Rule Exception         ITSD (STS)

DOHR                     E-Health

Special Contract Request

Limitation of Liability

Proposed Contractor: \_\_\_\_\_

Vendor or      Subrecipient      Edison ID#: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contractor Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Has contractor information changed since last contact?    Yes    No

Section 2: Budget Information

FY	State	Federal	Interdepartmental	Other	Total Contract Amount
<b>TOTAL:</b>					

Speed Chart:

Amendments Only:

Account Code: \_\_\_\_\_

CFDA: \_\_\_\_\_

DGA: \_\_\_\_\_

Funding Source	Previous Total	Amendment Amount (+ or -)	New Total
State			
Federal			
Interdepartmental			
Other			
Total Contract			

Additional Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available Meeting Dates: \_\_\_\_\_  
*Please list at least two dates program staff can be available for discussion.*

Review & Approval:

\_\_\_\_\_  
Program Head

\_\_\_\_\_  
Contract Specialist

*Head of requesting program or division should sign off on worksheet at time of submission. Upon review a copy will be returned to the program signed by TDLWD's contract specialist.*

Submit completed form to [william.kemmer@tn.gov](mailto:william.kemmer@tn.gov)