

The Contract Request Form is composed of information required to initiate a contract for services. Questions contain drop-down menus for easy selection, blanks to fill in with text, definitions and examples.

The sections to be completed are numbered I, II, III, etc.

To access the information of the drop-down menus, click anywhere in the box to see the possible selections. Clicking on your selection will complete the appropriate blank.

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**Contracts types most widely used by OJJ are:**

**Consulting Contracts** - Work, other than professional, personal, or social service, performed by an independent contractor who possesses specialized knowledge, experience, and expertise to investigate problems and provide counsel, analysis, or advice in formulating improvements.

**Personal Contracts** - Work rendered by individuals which requires use of creative or artistic skills, such as graphic artists, sculptors, musicians, photographers, writers, etc.

**Professional Contracts** - Work rendered by an independent contractor with a professed knowledge of an area of learning or science, such as lawyers, doctors, dentists, architects, engineers, etc.

**Social Service** - Work rendered by a person, firm, corporation, organization, or government body in furtherance of the general welfare of the citizens of Louisiana.

**I. TYPE OF CONTRACT REQUESTED:** Personal

**II. CONTRACTOR INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

III. CONTRACT AMOUNT: \_\_\_\_\_ Enter maximum contract amount.  
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**Scope of Services** must include a description of specific goals and objectives, deliverables performance measures, and monitoring plan while answering the questions of who, what, why, where, and when.

Below are **samples** of actual contract sections which provide examples of information which collectively comprise a Scope of Services.

**Purpose of the Contract:** The purpose of this contract is to provide sex offender treatment to 5 youths in secure care facilities who are transitioned to residential settings or the community or in the community and transitioned to Boys Village.

**Goals and Objectives:** Contractor will provide individual therapy one (1) hour monthly to youths who complete sex offender treatment in secure-care facilities and who are transitioned to residential settings or the community. The therapy will focus on relapse prevention.

**Outcome Measures:** 75% of youths recommended for sex offender treatment will successfully complete the program as evidenced beyond of treatment appraisal and report.

**Monitoring:** Standard language is "The Regional Program Specialist is the Contract Performance Coordinator for this contract and is responsible for the monitoring and liaison functions, reviewing reports and other indicia of performance."

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IV. Purpose of Contract:

V. Goals and Objectives:

VI. Outcome Measures:

VII. Monitoring:

V. LOCATION OF REQUESTED SERVICES: Select Location of Services. Please select the location code from the drop-down menu of the location/region/facility in which the services will be provided.

VI. **LENGTH OF CONTRACT:** Select Length of Contract Please provide the timeframe in which the services of the contract will be utilized. The maximum contract term is currently three (3) years.

VII. **BEGIN DATE:** Click here to enter a date. Please provide the desired begin date of the contract services (when the services will be provided).

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**PAYMENT TERMS:** Payment terms determine how the provider will be paid for the services rendered. The choices of payment are briefly described below:

**Actual Reimbursement** - Provider will only be paid for actual expenditures incurred and supported by the submission of documentation, i.e. cancelled checks, copies of invoices, etc.

**Unit of Services/Fee Schedule** - Are billed based on a uniform measure of service delivery such as hours, sessions, days, etc. supported by the submission of documentation, i.e. Sign-in sheets, timesheets, etc.

**Per Diems** - Are arrived at by taking the program budget and allocating it evenly to each day of service. This type of reimbursement requires the submission of sign-in sheets with invoices showing daily attendance, in addition to an approximate number of slots to be provided.

VIII. **Payment Terms** Please Select Payment Terms:

IX. **Number of Slots:** \_\_\_\_\_, if applicable.

X. **PER DIEM:** \_\_\_\_\_, if applicable.

XI. **PERFORMANCE MEASURES:** Please provide specific measurable criteria by which the provided services will be evaluated.

SPECIAL INSTRUCTIONS:

REQUESTED BY:

DATE:

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CONTRACT REVIEWER:

DATE:

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