**Contract Approval Form**

Purpose: to be provided to ICOA for approval of multi-year contracts, contracts with for-profit providers, and contracts with for-profit legal service providers.

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| Section 1 (To be completed by AAA) |
| Date: | Area Agency on Aging: | Contact Phone: |
| Name of Representative: | Contact E-Mail: |
| Section 2 (To be completed by AAA) |
| Please submit the following information for each contract requiring approval. For for-profit legal service provider contracts, a copy of the contract template will also need to be submitted prior to execution. |
| \*Type | Vendor Name | Services to be provided | Amount | Start Date | End Date | \*Method ofProcure |
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| Section 3 (To be completed by AAA) |
| Please provide a justification and or need for the contract. |
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| Section 4 (ICOA Use Only) |
| Date Received by ICOA: | Recommend: Yes No |
| Contracts Officer Comments: |
| Administrative Service Manager: Date: Approval:Yes  No  |
| ICOA Administrators Signature Date: Approval:Yes  No  |

\*Type: MY=Multi-year, FP=For Profit, Leg=Legal Method: RFP=Request for Proposal Process, SS=Sole Source, CA=Cost Analysis