



FORM APPROVAL REQUEST SHEET

OAG Form 1028 (R 2/ 7-18)

OFFICE OF ATTORNEY GENERAL
Advisory Services Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204

Requestor Information			
Contract Previously Form Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No		Requested Due Date	Effective Date of Contract
If previously approved, what was the approval number?		State Contracting Entity	
Expedite Rationale (<i>if less than 30 days</i>)			
Contact Person	Title	Phone	Email
Program Area/Purpose of Contract			State Statutory Authority for Contract
Is there federal Statutory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		Will these contracts be executed with SCM? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated number of contracts that will be executed using this form		Estimated dollar maximum of each contract (<i>you may give a range</i>)	
Does the contracting entity have, or will it seek to have , delegated authority to approved/sign contracts on behalf of <input type="checkbox"/> Budget Agency <input type="checkbox"/> Department of Administration (<i>Delegation from DOA will result in an automatic denial of form approval</i>)			
Was the contract reviewed and approved by the contracting entity's legal counsel? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why			
Name of Legal Counsel		Date Approved by Counsel	Will this document be Mail Merged? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification	
By signing this form, I certify that I understand the conditions for use of form approved contracts as set out in the <i>2018 Professional Services Contract Manual</i> . I understand that if <i>for any reason</i> it is determined by the OAG that the form approval process has been abused, the OAG may revoke the contracting entity's approval for use of all form approved contracts for an indefinite period of time. Abuse may include, but is not limited to, unauthorized changes to an approved contract template, use of a template by an unauthorized person, and continued use of an expired contract template.	
Signature (<i>Legal counsel; if none, Director or Commissioner</i>)	Date
Printed Name	Title

For Advisory Services Division Use Only	
Attorney Assigned	Date Approved
Form Approval Name	Form Approval Number