

Amendment 54

Sole Source Government Contract Summary

To be completed by contract holder for each sole source government contract when the cumulative amount of these awards of these contracts exceeds \$100,000 (indexed for inflation every fourth year) during a calendar year.

* = Required Fields.

Name of Non-Government Party: *

Taxpayer Identification Number for Non-Government Party: *

Address of Non-Government Party - Street: *

City: *

Zip (if outside US enter 00000): *

State: *

If Outside US, Where Outside US?: *

_____ (ie. 84-1234567 -or- 111-11-1111)

_____ (ie. XXXXX -or- XXXXX-XXXX)

--- Please Select ---

Brief description of nature of contract and goods and services performed:

Contract Start Date: *

Contract End Date: *

Estimate Amount of Payment (Award amount): *

Rate of Payment (e.g. Average Rate Per Hour): *

Sources of Payment (Name of State Agency or Political Subdivision that Awarded Sole Source Contract): *

Describe Renewal Options - If Any: *

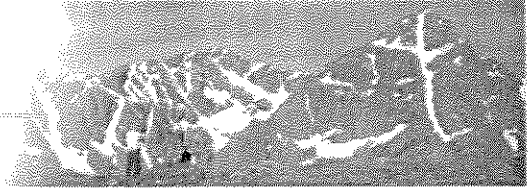
_____ (ie. XX/XX/XXXX)

_____ (ie. XX/XX/XXXX)

_____ (ie. 123,456.43)

Complete and submit this form and then complete Contract Holder Information

Contract Holder Represents That the Information Provided on This Form is Accurate. Contract Holder will re-submit this form when this information changes.



Contract Holder Information

To be completed by contract holder for each sole source government contract when the cumulative amount of these awards of these contracts exceeds \$100,000 (indexed for inflation every fourth year) during a calendar year.

*** If there isn't any information to fill in, please click Submit button to exit. ***

Name of Non-Governmental Party:

Taxpayer Identification Number for Non-Governmental Party:

Names of persons and addresses who control 10% or more share or interest in the Non-Governmental Party:	Name:	Address:

*** If More than 5, Please complete another Contract Holder form ***

Names of persons and addresses who are the Non-Governmental Party's officers, directors, or trustees:	Name:	Address:

*** If More than 5, Please complete another Contract Holder form ***

For Collective Bargaining Agreements:

Name of the Labor Organization:

Political Committees Created or Controlled by the Labor Organization:

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Contract Holder will re-submit this form when this information changes.