



*Louisiana Office of Community Development - Disaster
Recovery*

*Exhibit 11-4
Sample Contract Administration Form*

Revised May 2025

Contract Administration Form

THIS PAGE INTENTIONALLY LEFT BLANK

Contract Administration Form

This form may be used by the Subrecipient to assist in managing their contracts. A file should be created for each contractor to maintain all applicable documents as listed within Chapter 3 of the LOCD-DR Grant Implementation Manual. Procurement of each contractor must be performed according to all applicable rules and regulations. See Chapter 4 of the LOCD-DR Grant Implementation Manual.

1. Contractor Name:	
2. Contract Number:	
3. Contractor Contact Info:	(NAME) (PHONE)
(ADDRESS)	
4. Subrecipient Contract Administrator:	
5. Contract Start Date:	
6. Contract End Date:	
7. Max Contract Value:	
8. Provide a Brief Description of the Scope of Services:	
9. List Scope of Services Requirements:	
<i>Requirement</i>	<i>Completed?</i>
a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. List Contract Amendments, if any:	
<i>Brief Description of Amendment</i>	<i>Date Executed</i>

Contract Administration Form

a.	
b.	
c.	
d.	
f.	

1. Contractor Name:

11. List Contract Deliverables, as applicable:

<i>Deliverable</i>	<i>Due Date/ Frequency</i>	<i>Date Delivered</i>	<i>Delivered By</i>	<i>Accepted By</i>
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				

12. General Comments

Contract Administration Form

Instructions for Contract Administration Form

This form may be used by the Subrecipient to assist in managing their contracts. A file should be created for each contractor to maintain all applicable documents listed within Chapter 3 of the LOCD-DR Grant Implementation Manual. Procurement of each contractor must be performed according to all applicable rules and regulations. See Chapter 4 of the LOCD-DR Grant Implementation Manual.

1. Enter the Contractor's Name.
2. Enter the Contract Number.
3. List the contract information (name, address, phone number) for the contractor's primary point of contact.
4. Identify the subrecipient staff responsible for administering the contract (receiving deliverables, coordinating payment processing, contract amendments, etc.).
5. Enter the Contract Start Date as provided within the contract.
6. Enter the Contract End Date as provided within the contract.
7. Enter the maximum contract value as provided within the contract. If the contract is fee- based, attach the fee schedule.
8. Briefly describe the scope of services as provided within the contract.
9. Describe each scope of services requirement.
10. List the Contract Amendment Date and a brief summary of the amendment, if applicable
11. List each deliverable from within the contract. As the Deliverables are provided, enter the date in the "Date Delivered" column. Notate the name of the contractor personnel who submitted the deliverable in the "Delivered By" column and notate the name of the Subrecipient personnel who accepted the Deliverable in the "Accepted By" column.
12. Provide any general comments regarding the contractor.

THIS PAGE INTENTIONALLY LEFT BLANK