

Contract Roster
AIP Period: 4/1/2014- 3/31/2015

Period _____ to _____
Original Date Prepared:
Date Revised:
Date Last Saved:

For each contract:
 o Check if contract is active
 o Enter dollar amount planned for each funding category (Federal, State, Other) and applicable service(s) for each

Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	III-B	III-C-1	III-C-2	III-D	III-E	EISEP	CSE	CSI	WIN	OTHER	TOTAL
Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	\$ _____ Services to be provided: (Must be completed)										
Name: Contractor Code: Employer ID: E-Mail Address Minority Contractor: [] Yes [] No Rural contractor: [] Yes [] No Number of contracts, (State & Federal), with this contractor: [] Contract is: Active: [] Yes [] No New: [] Yes [] No	\$ _____ Services to be provided: (Must be completed)										

Page Subtotal:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Grand Total: (Complete on final page.)	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$