

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF PROCUREMENT AND SUPPORT SERVICES  
SMALL BUSINESS RESERVE  
EXEMPTION SOLICITATION REVIEW AND APPROVAL FORM**

**ADPICS/OPASS No:** \_\_\_\_\_

**Description of Service:** \_\_\_\_\_

☐ **Solicitation**      ☐ **Sole Source**      ☐ **Other** \_\_\_\_\_

**Dollar Amount:** \_\_\_\_\_

**Administration:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Justification for Exemption Request:**

*Your justification factors should include available SBR vendors certified by the DGS to perform the services you are soliciting. There should be no mention of subcontracting opportunities. The SBR Program applies to opportunities at the prime contracting level.*

**Recommendation:**

☐ **Approved as submitted**

☐ **Denied:**

☐ Stated justification is insufficient. Recommended \_\_\_\_\_

☐ Failure to include justification.

☐ Other (see comments)

**Date Reviewed by OPASS Small Business Reserve Review Group:** \_\_\_\_\_

**Director of OPASS:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Director of MBE:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please attach your DGS Small Business Reserve list**

To obtain a list, visit <https://emaryland.buyspeed.com/bsr/>

| Searches  | Number of Vendors |
|---|-------------------|
| <i>If no Small Business Reserve vendors exist for this contract, attach a list of those companies which will be directly solicited.</i> |                   |
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