

**MARYLAND DEPARTMENT OF HEALTH  
OFFICE OF PROCUREMENT AND SUPPORT SERVICES  
GOAL SETTING VETERAN-OWNED SMALL BUSINESS ENTERPRISE (VSBE)  
SOLICITATION REVIEW AND APPROVAL FORM**

SBR Procurement ☐

<b>ADPICS #:</b> <b>M00R</b> <b>M00</b> <b>CO</b>	<b>OPASS #:</b>  <b>Previous OPASS #:</b>	<b>Solicitation Title:</b>						
<b>Select:</b> <input type="checkbox"/> New Procurement <input type="checkbox"/> Retro/Emergency <input type="checkbox"/> Sole Source <input type="checkbox"/> IGCP <input type="checkbox"/> Option <input type="checkbox"/> Mod								
<b>Administration:</b> <table style="width: 100%;"> <tr> <td style="width: 50%;"><b>Contact Name:</b></td> <td style="width: 50%;"><b>Procurement Coordinator:</b></td> </tr> <tr> <td><b>Phone:</b></td> <td><b>Phone:</b></td> </tr> </table>			<b>Contact Name:</b>	<b>Procurement Coordinator:</b>	<b>Phone:</b>	<b>Phone:</b>		
<b>Contact Name:</b>	<b>Procurement Coordinator:</b>							
<b>Phone:</b>	<b>Phone:</b>							
<b>OPASS Contract Officer</b> <b>Name:</b> <b>Phone:</b>								
<b>Anticipated Dollar Amount</b> (including options):		<b>Anticipated Start Date:</b>						
<b>Incumbent Vendor*:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Vendor Name:</b>  <i>*If incumbent vendor, please attach most recent budget</i>	<b>Non-Profit:</b> <input type="checkbox"/>	<table style="width: 100%;"> <tr> <td style="width: 33%;"><b>MBE:</b> <input type="checkbox"/></td> <td style="width: 33%;"><b>SBR:</b> <input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>VSBE Goal:</b>    %</td> </tr> <tr> <td colspan="2"><b>Goal Met:</b> <input type="checkbox"/> Yes    <input type="checkbox"/> No</td> </tr> </table>	<b>MBE:</b> <input type="checkbox"/>	<b>SBR:</b> <input type="checkbox"/>	<b>VSBE Goal:</b> %		<b>Goal Met:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>MBE:</b> <input type="checkbox"/>	<b>SBR:</b> <input type="checkbox"/>							
<b>VSBE Goal:</b> %								
<b>Goal Met:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>For new procurements only: Duration of Contract</b> Base:    year(s)    month(s) Option 1:    day(s)    Option 2:    day(s)    Option 3:    day(s)    Option 4:    day(s)    Option 5:    day(s)								
<b>For options only</b> <b>Option Term:</b> <input type="checkbox"/> Option:    day(s)								
<b>For modifications only</b> <b>Modification Term:</b> <input type="checkbox"/> Modification:    day(s)								

**Goal Explanation/Justification:**

*Include an explanation and justify your goal. Your goal factors should include available VSBEs who are verified by the Center for Veterans Enterprise of the United States Department of Veterans Affairs (<http://www.vetbiz.gov>).*

**Recommendation:**

- ☐ **Approved as submitted**  
☐ **Approved with recommended changes (see comments)**  
☐ **Denied:**

- ☐ Stated goal is insufficient. Recommended goal is    %.  
☐ Failure to include justification for VSBE subcontracting goal.  
☐ Other (see comments below)

**Reviewed by Procurement Review Group (PRG):** \_\_\_\_\_

**MBE Administrator/Liaison:** \_\_\_\_\_

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

**Attorney General:** \_\_\_\_\_

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

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

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

<b>PRG Member:</b> _____	<b>Date:</b> _____
<b>PRG Member:</b> _____	<b>Date:</b> _____
<b>PRG Member:</b> _____	<b>Date:</b> _____
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<b>PRG Member:</b> _____	<b>Date:</b> _____
<b>PRG Member:</b> _____	<b>Date:</b> _____

**Note:** Submit options with VSBE goals only. Attach original goal justification. Additionally, document total dollars spent with incumbent and total dollar amount with certified MBE subs. If goal is not being met, submit a corrective action plan.

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### VSBE SEARCH RESULTS

<b>Categories Subcontractable</b>	<b>Number of Certified Companies in each Category</b>	<b>Estimated Dollar Value</b>	<b>Percentage of Anticipated Award</b>
<b>TOTAL</b>	<b>0</b>	<b>\$0.00</b>	<b>0%</b>