**CONTRACT COVER SHEET**

**GREATER THAN $25,000**

DHMH, Office of Procurement and Support Services (OPASS), Room 416, 201 W. Preston Street, Balto., MD 21201 (410) 767-5816 FAX (410) 333-5958

CHECK ITEMS OR FILL IN THE BLANKS, AS APPROPRIATE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | STANDARD SERVICE | | |  | HUMAN SERVICE | | |
| Previous Contract: Yes No | | | OPASS # | | | |  | | |  | |
| PROCUREMENT METHOD | | |  | | | | Solicitation # | | | DHMH/OPASS | |
| ADPICS Requisition # | | |  | | | | FMIS Appropriation Code | | | M00 | |
| SUBMITTING UNIT | | |  | | | | FMIS Department Code | | | M | |
| ADDRESS: | | | | | | | | | | | |
| UNIT CONTRACT MONITOR | | |  | | | | PHONE/FAX | | |  | |
| CONTRACTOR | | |  | | | | SSN OR FEIN | | |  | |
| ADDRESS: | | | | | | | | | | | |
| VENDOR CONTACT MONITOR | | |  | | | | PHONE/FAX | | |  | |
| AMOUNT | | $ | | | | \*PCA |  | | \*AGY OBJECT | |  |
| FISCAL YR  BREAKDOWN | | FY  $ | | | | FY  $ | FY  $ | | FY  $ | | FY  $ |
| Funding Source | | General - % | | | | Federal - % | Special Funds - % | | Reimbursable- % | | Non Bud - % |
| Start Date | | |  | | | | End Date | | |  | |
| Options: | | | Beg | | | | End | | | Amount | |
|  | | | Beg | | | | End | | | Amount | |
| Description of Services: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Projected Impact if Start Date (above) is not met: | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |

**PROCUREMENT PACKAGE SPECIFICATIONS**

Submit Procurement Page to OPASS at the address provided above. The Procurement Package must be complete and organized according to the specifications provided herewith.

**CHECK IF PRESENT/COMPLETED**

|  |  |  |  |
| --- | --- | --- | --- |
| Completed Cover Sheet |  | Fund Cert |  |
| Three Contracts\*\* with original signatures of the Contractor |  | PRG Approval Form (If Applicable) |  |
| Three Copies of the Bid/Proposal |  | One Copy of Solicitation (Electronic Version also) |  |
| Three Copies of the Contract Affidavit |  | List of Potential Vendors to be Solicited (MBE’s Identified) |  |
| Three Copies of the Sole Source Determination |  | ADPICS Bid Entry Screen has been completed |  |
| SBR Exemption /VSBE (If Applicable) |  | Contracts over $100,000-Comptroller’s # needed |  |

\*If multiple fund source, use Multiple Funding (PCA/AGY OBJ) Detail Form

\*\*A DHMH-3982 for all competitive sealed bid contracts, or a DHMH-4133 or a DHMH-3882 for either sole source contracts or competitive sealed proposals. If no contract is used, sufficient data for completion of a DHMH Purchase Order is required.

I attest to the accuracy and completeness of this Procurement Package:

|  |  |
| --- | --- |
| Type/Print Name of Procurement Coordinator-PHONE | Signature of Procurement Coordinator/Date |
| Type/Print Name of Procurement Coordinator’s Supervisor | Email of Supervisor |

Attach a separate sheet for additional information as necessary. A letter acknowledging receipt of this package will be sent to the DHMH Procurement Coordinator.