**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 YRBREAKDOWN | 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.