

CONTRACT OPTION COVER SHEET

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

ORIGINAL CONTRACT				DHMH OPASS #			
ADPICS BPO #				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 OF THIS OPTION		\$	*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		
Purpose of this Option:							
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		MBE Participation Schedule for Option Period Only	
Two Copies of a draft letter to the vendor exercising the option		Procurement Plan (if the last option year)	
Electronic Version forwarded Upon Request		BPW Action Agenda (If Applicable)	
Fund Cert		Comptroller Number (If Applicable)	
ADPICS MBE Subcontractor Screens have been established & updated for the current BPO (If applicable)		If a Retroactive Item – include a signed letter from the Secretary explaining the retroactive situation	
PRG Approval Form			

*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	Supervisor's email

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