

**SOLE SOURCE CONTRACT COVER SHEET
FOR 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	FY	FY	FY	FY	FY
BREAKDOWN	\$	\$	\$	\$	\$
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		BPW ACTION AGENDA (If Applicable)	
Three Copies of the Sole Source Determination		COMPTROLLER NUMBER (If Applicable)	
SBR Exemption /VSBE (If Applicable)			

*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.