

## CONTRACT COVER SHEET GREATER THAN \$50,000

MDH, Office of Contract Management and Procurement (OCMP), Room 416, 201 W. Preston Street, Baltimore, 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 #		MDH/OCMP	
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 OCMP 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 MDH-3982 for all competitive sealed bid contracts, or a MDH-4133 or a MDH-3882 for either sole source contracts or competitive sealed proposals. If no contract is used, sufficient data for completion of a MDH 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 MDH Procurement Coordinator.