**SOLICITATION COVER SHEET - COMMODITY PROCUREMENTS**

Commodity Defined - COMAR  21.01.02.01.(19) (a) (b)

MDH, Office of Contract Management & Procurement (OCMP) | 201 W. Preston Street, Baltimore, Maryland 21201, Room 416

(410) 767-5794 FAX (410) 333-5958

**REFERENCE NUMBERS**

|  |  |  |
| --- | --- | --- |
| **ADPICS REQ#:** | **DGS CONTRACT #:** | **eMMA BPM#** |

**HISTORY**

|  |  |
| --- | --- |
| **MDH PREVIOUS BPO #** | **OCMP CTS NUMBER:** |

**PROGRAM INFORMATION**

|  |  |
| --- | --- |
| **PROGRAM:** | **ADDRESS:** |
| **PROGRAM CONTACT:** | **PHONE: EMAIL:** |

**PROCUREMENT METHOD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **IFB** | **RFP** | **SOLE SOURCE** | **STATEWIDE** | **PPN/PPR**  **OPTION  EXTENSION** |
| **REQUEST TYPE:**  PO  BPO CHANGE ORDER MODIFI CATION (No. \_\_\_\_) N/A | | | | |

**CONTRACT TERM**

**START DATE: END DATE:**

|  |  |
| --- | --- |
| **OPTIONS - OPT1**–**START END:**  **AMT: $** | **OPT2**–**START**: **END:**  **AMT: $** |

**VENDOR’S INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME: | ADDRESS: | FED ID#: |
| PHONE: | EMAIL: | FAX: |

**ITEMS OR SERVICE REQUESTED**

|  |
| --- |
| **List line items (general description and item number) \*For requests with given prices** |
| LINE 1: QUAN: PRICE: |
| LINE 2: QUAN: PRICE: |
| LINE 3: QUAN: PRICE: |
| **Description of Service:** |
|  |
|  |

**FUNDING**

**Maximum Anticipated Amount of Award: MBE GOAL: %  N/A**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DEPT. CODE: PCA: AGY OBJ: GRANT#: PHASE#:** | | | | | |
| **FISCAL BREAKDOWN** | FY -$ | FY -$ | FY -$ | FY -$ | FY -$ |
| **FUNDING SOURCE** | GEN - % | FEDERAL - % | SPECIAL - % |  |  |

**PROCUREMENT PACKAGE**

Submit Procurement Package to <https://www.cognitoforms.com/MDH3/OCMPRequestForm>. The Procurement Package must be complete and organized according to the specifications provided herewith.

**CHECK IF PRESENT/COMPLETED**

**Fund Cert  Cover Sheet (Note: Fund Cert and Cover Sheet required for all submissions)**

|  |  |
| --- | --- |
| **PO/BPO:** | Quote |
| **STATEWIDE PO/BPO** | Quote from vendor (if items are not listed on requisition or statewide contract) |
| **IFB** | IFB Draft PRG Docs Bid Form PP Waiver DGS Submission Form (over $50k) |
| **RFP** | RFP Draft PRG Docs RFP Justification PP Waiver Evaluation Factor Sheet  DGS/OSP Agency Submission Form |
| **SOLE SOURCE** | SS Draft PRG Docs Tax Clearance Good Standing Report Vendor’s Quote  Vendor’s SS Justification Letter SS Justification Form DGS Submission Form  3 Vendor References |
| **PPR/PPN** | Community Service Draft Quote DGS Submission Form (over $50k) |
| **OPTION/RENEWAL** | Price (if increase) Current BPO Print Out  Tax Clearance Usage Document  DGS Submission (Over $50k) |
| **EXTENSION** | Only fund cert and cover sheet required |
| **EMERGENCY** | Bid Results  POD  Action Agenda  SS (if applicable)  Tax Clearance Quote (if applicable) |

Attach a separate sheet for additional information as necessary.