**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.