**For complete guidance please click the link below:**

<https://procurement.maryland.gov/commodities-and-facilities-maintenance-purchases/>

1.) All purchases must complete Page 1 (General Information) of this submittal form, and one of the remaining pages based on the procurement method selected.

2.) Send those two pages, along with all required supporting documents to: [the](mailto:dgs.osp-requisitions@maryland.gov) OCMP Procurement Officer.

3.) Further, please note the following definitions for the General Information page:

* Agency Buyer: your agency procurement representative, and the primary point of contact for DGS regarding this procurement.
* Agency Contract Monitor: is the State representative for this Contract who is primarily responsible for Contract administration functions, including issuing written direction, invoice approval, monitoring this Contract to ensure compliance with the terms and conditions of the Contract, monitoring MBE and VSBE compliance, and achieving completion of the Contract on budget, on time, and within scope.
* Agency End User: the primary person actually using the service or good being procured, and chief expert on the specifications/ requirements for the procurement.

**Requesting Agency**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Buyer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Buyer’s Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Solicitation Summary**

1. Description of the Commodity and/or Service being Procured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eMMA Commodity Code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Needs Statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Contract Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Renewal Options Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Agency Contract Monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Agency End User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Select One (1) Procurement Method:**

Only two pages from this form need to be submitted to DGS: page 1 and the appropriate page for the selected procurement method.

* Preferred Provider……………………………………….…………...….continue to page 2
* Competitive Sealed Bids (CSB)………………………………………....continue to page 3
* Competitive Sealed Proposals (CSP)………………………………........continue to page 4
* Sole Source (SS)…………………………...……………………………continue to page 5
* Emergency Procurement………………………………..………….……continue to page 6
* Intergovernmental Cooperative Purchasing Agreement (ICPA)……..…continue to page 7
* Exercise Option on Existing Contract (renewal)………………………...continue to page 8

**Attach print-out of FMIS requisition**

* FMIS Req No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verify that all line items in requisition correspond to IFB specification and bid form.
* Verify Interface Type (INTF) is correct:
  + “RQ” for one time purchase resulting in a “purchase order,” or “PO” (2340)
  + “NP” for multiple purchases over a given period of time under same terms and conditions resulting in a “blanket purchase order,” or “BPO” (2342)

**Select Preferred Provider**

* Maryland Correctional Enterprises
* Blind Industries and Services of Maryland
* Maryland Works

(Community Service Providers, and individual-with-disability-owned businesses)

**Attach Proposed Contract Elements**

* Specifications
* Any other specialized terms

**Attach print-out of FMIS requisition**

* FMIS Req No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verify that all line items in requisition correspond to IFB specification and bid form.
* Verify Interface Type (INTF) is correct:
  + “RQ” for one time purchase resulting in a “purchase order,” or “PO” (2340)
  + “NP” for multiple purchases over a given period of time under same terms and conditions resulting in a “blanket purchase order,” or “BPO” (2342)

**Attach note with relevant basis for exception for each preference provider (PP) and provide grounds for support for each basis (COMAR 21.11.05.07.B)**

(see https://dgs.maryland.gov/Documents/PerferredProviderProgram.pdf)

* Maryland Correctional Enterprises
* Blind Industries and Services of Maryland
* Maryland Works

(Community Service Providers, and individual-with-disability-owned businesses)

**Attach Agency PRG Documentation**

* PRG Worksheet and rationale for setting the SBR Designation for all purchases
* If over $100,000, include PRG Worksheets for MBE/VSBE Participation Goals

**Attach Complete Invitation for Bids (IFB)** (note: use template on DGS website)

* Specifications
* Bid Form
* Basis for award
* Any other specialized terms

**Provide Verified Information for 3 Vendors to Directly Solicit**

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach print-out of FMIS requisition**

* FMIS Req No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verify that all line items in requisition correspond to IFB specification and bid form.
* Verify Interface Type (INTF) is correct:
  + “RQ” for one time purchase resulting in a “purchase order,” or “PO” (2340)
  + “NP” for multiple purchases over a given period of time under same terms and conditions resulting in a “blanket purchase order,” or “BPO” (2342)

**Attach note with relevant basis for exception for each preference provider (PP) and provide grounds for support for each basis (COMAR 21.11.05.07.B)**

(see https://dgs.maryland.gov/Documents/PerferredProviderProgram.pdf)

* Maryland Correctional Enterprises
* Blind Industries and Services of Maryland
* Maryland Works

(Community Service Providers, and individual-with-disability-owned businesses)

**Attach Request to Proceed as CSP** (approximately 1 page)

* Explanation as to why CSB cannot be used (reference COMAR 21.05.03.01.B as appropriate)
* Signature from Using Agency Procurement Director

**Attach Agency PRG Documentation**

* PRG Worksheet and rationale for setting the SBR Designation for all purchases
* If over $100,000, include PRG Worksheets for MBE/VSBE Participation Goals

**Attach Request for Proposals (RFP) Elements**

* Specifications
* Price Proposal Form
* Evaluation Factors (including Technical, Social and Financial Factors), in descending order of priority
* Any other specialized terms

**Provide Contact Information for two individuals able to serve on Evaluation Committee**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide Verified Information for 3 Vendors to Directly Solicit**

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eMMA ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach print-out of FMIS requisition**

* FMIS Req No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verify that all line items in requisition correspond to IFB specification and bid form.
* Verify Interface Type (INTF) is correct:
  + “RQ” for one time purchase resulting in a “purchase order,” or “PO” (2340)
  + “NP” for multiple purchases over a given period of time under same terms and conditions resulting in a “blanket purchase order,” or “BPO” (2342)

**Attach note with relevant basis for exception for each preference provider (PP) and provide grounds for support for each basis (COMAR 21.11.05.07.B)**

(see https://dgs.maryland.gov/Documents/PerferredProviderProgram.pdf)

* Maryland Correctional Enterprises
* Blind Industries and Services of Maryland
* Maryland Works

(Community Service Providers, and individual-with-disability-owned businesses)

**Attach Agency PRG Documentation**

* PRG Worksheet and rationale for setting the SBR Designation for all purchases
* If over $100,000, include PRG Worksheets for MBE/VSBE Participation Goals

**Attach Determination to Proceed as Sole Source**

* Brief Statement of need ( reference COMAR 21.05.05.02.B)
* Market Research
* Explanation as to why no other vendor is suitable or acceptable to meet the need (reference COMAR 21.05.05.02.A as appropriate)
* Signed approval from Using Agency legal counsel
* Signature from Using Agency Head or Designee

**Attach Proposed Contract document**

* Specifications
* Include all State mandatory terms and conditions, signed by the vendor.
* Any specialized terms are drafted, approved and included in appropriate section
* AGENCY MUST: Submit completed reference checks and include in submission.(minimum of 3 )
* AGENCY MUST : Submit current SDAT tax clearance verification for Sole Source vendor.
* Vendor’s quote must be included.

**Provide Contact Information for individual to present Item to BPW**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow the DGS OSP Policy for Emergency Procurements found in the Maryland Procurement Manual**

**Follow the DGS OSP Individual Agency Requests for Intergovernmental Cooperative Purchasing Agreements (ICPAs) - “Procuring” or “Piggybacking” found in the Maryland Procurement Manual**

**Attach print-out of FMIS requisition**

* FMIS Req No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Verify that all line items in requisition correspond to IFB specification and bid form.
* Verify Interface Type (INTF) is correct:
  + “RQ” for one time purchase resulting in a “purchase order,” or “PO” (2340)
  + “NP” for multiple purchases over a given period of time under same terms and conditions resulting in a “blanket purchase order,” or “BPO” (2342)

**Attach note with relevant basis for exception for each preference provider (PP) and provide grounds for support for each basis (COMAR 21.11.05.07.B)**

(see https://dgs.maryland.gov/Documents/PerferredProviderProgram.pdf)

* Maryland Correctional Enterprises
* Blind Industries and Services of Maryland
* Maryland Works

(Community Service Providers, and individual-with-disability-owned businesses)

**Attach Request to Proceed as ICPA**

* Specific request to participate, conduct, sponsor or administer an ICPA
* Identify specific grounds to proceed as ICPA under COMAR 21.05.09.04.A
* Thorough support documentation for those grounds
* Statement that proceeding as ICPA is not intended to evade purposes of COMAR 21.01.01.03
* Signature from Using Agency Procurement Director

**Attach Agency PRG Documentation**

* If over $100,000, include PRG Worksheets for MBE/VSBE Participation Goals

**If requesting to Participate in existing ICPA, Attach Proposed ICPA Packet**

* Original Solicitation Packet (including solicitation, bids, bid table, and award)
* Master Contract Document
* Proposed Participation Agreement
  + Review that all mandatory and additional MD terms are included

**Attach Current Contract Document**

**Attach Usage Documentation**

* Statement of satisfactory vendor performance over term to date
* For Commodities, provide usage

**Attach Agency PRG Documentation**

* For original contract:
  + Statement of Goal(s) and rationale for setting that goal for all purchases
  + If over $100,000, include PRG Worksheets for MBE/VSBE Participation Goals
* Audit and compliance documentation

**Attach Statement from Office of the Comptroller**

* Tax Verification (with Control Number)
* Certificate of Good Standing

**Attach Statement of Funds Certification for Renewal Option**