Contract/Solicitation Intake Request

Department of Procurement
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

GENERAL INSTRUCTIONS

This form is required to initiate requests for procurement with a projected value of $25,000 or more, as well as for requests of $7,500–$24,999 if data sharing is required. All requests of $25,000 or more require approval by the chief financial officer and Board of Education. Requests of $7,500–$24,999 also require completion of MCPS Form 234-24, *Competitive Price Quote*, unless a request will be made for single/sole source procurement. For single or sole source procurement requests of $7,500 or more, MCPS Form 235-3, *Single Source or Sole Source Justification*, must also be completed. For Emergency Procurements, use MCPS Form 203-9, *Emergency Purchase Authorization Request*.

REQUESTOR INFORMATION

Name: _____ Phone #: _____-_____-_____

Division/Department: _____Title:_____

PROCUREMENT REQUEST TYPE (MAKE A SELECTION IN A, B OR C)

A. I am requesting a **NEW**:

- ❑ Request for Proposal (RFP) for a projected value of $25,000 or more
- ❑ Invitation for Bid (IFB) for a projected value of $25,000 or more
- ❑ Professional Services Agreement (PSA) with data sharing
- ❑ Memorandum of Understanding (MOU) Limited data sharing, no student data
- ❑ Bridge #_____Bridged through (e.g. TIPS-USA) and Title _____

B. I am requesting an **EXTENSION** or **RENEWAL** of a:

- ❑ RFP RFP# _____
- ❑ IFB IFB#_____
- ❑ PSA
- ❑ MOU
- ❑ Bridge #_____Bridged through (e.g. TIPS-USA) and Title _____

C. I am requesting **ADDITIONAL FUNDS** of a

- ❑ RFP RFP# _____
- ❑ IFB IFB#_____
- ❑ PSA
- ❑ MOU
- ❑ Bridge #_____Bridged through (e.g. TIPS-USA) and Title _____

Additional funds needed for current fiscal year $_____

Was this item already taken to the Board for approval:
❑ No ❑ Yes *(please attach resolution)* Board Date:____/____/_____

PROCUREMENT REQUEST DETAILS

1. Vendor Name if known, otherwise put TBD _____
2. Disadvantaged Business Entity: ❑ Yes ❑ No If yes _____ (ex. African American, female, etc.)
3. Short description of contract:

4. Single or Multi-year agreement:
   ❑ Single: From ____/____/_____ to ____/____/_____ Multi-Year: ____/____/_____ to ____/____/_____
5. Projected Contract Expense for Current Fiscal Year: _____
   **If C. was selected above, this amount should reflect the revised projected contract expense, including the additional spending authority.*
6. Projected Total Value of the Contract if Multiyear: _____
   **Projected value for multiyear contracts is for informational purposes only. Verification of budgeted funding and approval is for the current fiscal year only.*

   ***If C. was selected above, this amount should reflect the revised projected total value of the multiyear contract, including the additional spending authority.*

7. Is this item included under the MCPS Master Lease? ❑ Yes ❑ No
8. Funding Source(s) for the Item/Service (can include multiple):

❑ Local/General ❑ Grant/Grant Name: _____

Other: _____ Amount: _____ Account: _ _-_ _ _ _ _- _ _ _ _ _-_ _ _-_ _-_ _ _ _ _ _-_ _ _ _ _ _

❑ Local/General ❑ Grant/Grant Name: _____

Other: _____ Amount: _____ Account: _ _-_ _ _ _ _- _ _ _ _ _-_ _ _-_ _-_ _ _ _ _ _-_ _ _ _ _ _

❑ Local/General ❑ Grant/Grant Name: _____

Other: _____ Amount: _____ Account: _ _-_ _ _ _ _- _ _ _ _ _-_ _ _-_ _-_ _ _ _ _ _-_ _ _ _ _ _

Of the total funding budgeted for this item/service, please indicate what percentage remains: _____

FUNDING VERIFICATION *(Please obtain the following signature **prior** to submission)*

BUDGET SPECIALIST

Print Name: _____ Signature: _____ Date ____/____/_____

Comments: _____

REQUESTING DIVISION/DEPARTMENT APPROVAL SIGNATURES

DIRECTOR/SUPERVISOR

Print Name: _____ Signature: _____ Date ____/____/_____

ASSOCIATE SUPERINTENDENT *OR* DEPUTY CHIEF (IF APPLICABLE)

Print Name: _____ Signature: _____ Date ____/____/_____

DIVISION CHIEF

Print Name: _____ Signature: _____ Date ____/____/_____

DIVISION OF FINANCIAL MANAGEMENT

CHIEF FINANCIAL OFFICER *(SIGNATURE NEEDED ONLY FOR CONTRACTS OF $25,000 OR MORE)*

Print Name: _____ Signature: _____ Date ____/____/_____

PROCUREMENT OFFICIAL

Print Name: _____ Signature: _____ Date ____/____/_____

Submission Instructions: After all requesting division/department approval signatures are obtained, email this form and back-up documentation to the Department of Procurement at ContractSolicitationRequest@mcpsmd.org. **If the request is for a contract with a value of $25,000 or more**, this form and all back-up documentation must be submitted to the Division of Financial Management for approval by the Chief Financial Officer prior to submitting to the Department of Procurement.