

CONTRACT COVER SHEET GREATER THAN \$25,000

DHMH, Office of Procurement and Support Services (OPASS), Room 416, 201 W. Preston Street, Balto., 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 #	DHMH/OPASS
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	FY	FY	FY
BREAKDOWN	\$	\$	\$
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 OPASS 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 DHMH-3982 for all competitive sealed bid contracts, or a DHMH-4133 or a DHMH-3882 for either sole source contracts or competitive sealed proposals. If no contract is used, sufficient data for completion of a DHMH 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
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Attach a separate sheet for additional information as necessary. A letter acknowledging receipt of this package will be sent to the DHMH Procurement Coordinator .

DHMH/OPASS (09/2008)