DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
DETERMINATION OF SOLE SOURCE PROCUREMENT OF SERVICES

Type of Service: _____ OPASS #: ___-_____

Requesting Facility or Administration: _____

Contract Cost: Actual ☐ _____ Estimated ☐ _____

Contractor: _____

Contract Term: _____

Justification:

In accordance with COMAR section 21.05.05.02B (Sole Source), these authorized DHMH officials have determined that the procurement identified above constitutes a justified non-competitive procurement.

Facility Superintendent or Director
Headquarters Program Administrator

_____
(Signature)

_____ _____
(Title) (Date)

DHMH Chief Procurement Officer or
Alternate

_____ _____
(Signature) (Date)

Designee of the Secretary, DHMH

_____
Sharon Gambrill, Director
Office of Procurement and Support Services

– OR –

_____
(Designee over $200,000)

_____
(Date)

Submit this form to the Office of Procurement and Support Services as directed on the Contract Cover Sheet.