

SOLICITATION COVER SHEET
SOLICITATION FOR A PROCUREMENT 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		
Maximum Anticipated Amount of Award	\$	*PCA	*AGY OBJECT
			MBE GOAL %
FISCAL YR BREAKDOWN	FY \$	FY \$	FY \$
Funding Source	General - %	Federal - %	Special Funds - %
			Reimbursable- %
Start Date	End Date		
Options (specify):	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			
One Hard Copy of Solicitation			
Electronic Version of Solicitation			
List of Potential Vendors to be Solicited (MBE's Identified)			
SBR Exemption/VSBE (If Applicable)			
Fund Cert			

*If multiple fund source, use Multiple Funding (PCA/AGY OBJ) Detail Form

**DHMH Standard RFP or a DHMH 3982 for all competitive sealed bid contracts. 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 (10/2012)