



**STATE PROCUREMENT OFFICE
NOTICE OF REQUEST TO USE GSA SCHEDULE 84
FOR PURCHASES/CONTRACTS EXCEEDING \$500,000**

TO: Chief Procurement Officer

FROM: _____
Name of Requesting Department

Pursuant to PC2019-01, GSA Schedule 84 Contracts for Security, Fire & Law Enforcement, purchases/contracts exceeding \$100,000 shall obtain the approval by both the Head of the Purchasing Agency and SPO to utilize GSA Schedule 84 contracts.

1. Describe the goods and/or services (general scope of the project):

2. Amount of Request: \$ _____ 3. Term of Contract: From: _____ To: _____

4. Explain in detail, the process that will be utilized in selecting a contractor. Responses shall include the following **added** sections and detailed information, as requested. Failure to respond to every section will be grounds for disapproval. (attached supporting information as necessary).

a) **Commercial Industry Standards/Market Research.** Explain how the service(s) sought are within industry standards, and is commercially available. Describe the market research conducted to determine adequate number of available vendors within the general industry and among the GSA Schedule 84 vendor pool.

c) **Distribution of the Request for Quote (RFQ).** Provide a list of potential GSA Schedule 84 vendors to ensure maximum participation by interested, qualified vendors.

d) **Terms & Conditions(T&C).** Submit a statement acknowledging that the person(s), conducting the procurement, has reviewed the GSA T&Cs, which are generally acceptable. Include any special T&Cs which may be in addition to the GSA T&Cs.

e) Special Provisions in T&Cs. What FEMA T&Cs are added if there is any expectation that this contract will be used for a declared disaster, in order to obtain FEMA reimbursement.

e) **Department Staff and Experience.** Explain the department's strategy to manage the procurement and resulting contract.

5. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required).
*Point of contact (Place asterisk after name of person to contact for additional information).

Name	Division/Agency	Phone Number	e-mail address

***All requirements/approvals and internal controls for this expenditure is the responsibility of the department.
I certify that the information provided above is, to the best of my knowledge, true and correct.***

Department Head Signature

Date

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer (CPO) Comments:

Approved Disapproved

Chief Procurement Officer Signature

Date