

**REQUEST FOR PROCUREMENT SERVICES**

**TO: FACILITIES BUSINESS OFFICE (FBO)**

**FROM:** \_\_\_\_\_ X  
*Director of Requesting Department (Print name and sign)*

By submittal of this request to the FBO, the Department Head requests the Facilities and Contracts Office to conduct the procurement, or other contracting action, as specified herein.

**PROJECT NAME :**

**PROJECT NUMBER :** \_\_\_\_\_

**UH E-BUILDER PROJECT NUMBER :** \_\_\_\_\_

**I. Type of Contracting Action:**

- New Invitation for Bid (IFB) Contract
- New Request for Proposal (RFP) Contract
- New Professional Services Contract
- Emergency Procurement
- Modification to existing Contract: Contract Number: \_\_\_\_\_
  
- Work Order on Master Contract: Master Contract Number: \_\_\_\_\_

**II. Scope of Work for identification of contractor's licensing:**

**III. Name and contact information of the Department representative (Project Manager)**

\_\_\_\_\_

**IV. RFP Only – List the names of the Evaluation Committee members:**

\_\_\_\_\_

**V. Professional Services Only – List the names of the Selection Committee members:**

\_\_\_\_\_

- VI.** Contract to include, as applicable:
- Delivery or performance schedule/requirements
  - Completion time: Number of consecutive calendar days allowed for completion from Notice to Proceed (or specific start and end dates)
  - Warranty period required
  - Special contractual provisions
  - List of documents to be attached or incorporated by reference (if attached, please provide)
  - Address where invoices shall be submitted
  - Copy of any required approvals

- VII.** IFB or RFP Only:
- Preferred due date and time for bid opening/submittal
  - Applicable Contractor license required
  - List of all applicable preferences and providers
  - Brand name or specifications restrictive of competition shall not be used without an approved [Form SPO-014 Restrictive Specifications Request](#).
  - Pre-bid Date, time, and location, if applicable
  - Delivery address
  - RFP Only - include evaluation criteria and applicable point values for each
  - IFB Only - Bid Form

**VIII.** Estimated amount (attach internal or independent estimate):

Basic Contract \$ \_\_\_\_\_

Contingency \$ \_\_\_\_\_

TOTAL (Basic Contract + Contingency) \$ \_\_\_\_\_

<b>IX. <u>Funding information:</u></b> FBO Director, Budget Analyst or Fiscal Administrator (FA) to provide funding source(s) and any other funding information to the extent it is known.	
<input type="checkbox"/> Revenue Bonds, Allotment Advice No. _____ <input type="checkbox"/> General Obligation Bonds, Allotment Advice No. _____ <input type="checkbox"/> Tuition & Fees <input type="checkbox"/> Other funds: _____	Funding code(s): DAGS Appropriation Code: _____ KFS Account Number: _____
<b>Fiscal Administrator Name &amp; FO Code:</b>	
<b>FBO Director, Budget Analyst or FA Signature:</b> x	Date: