

**REQUEST FOR PROCUREMENT SERVICES**

TO: **FACILITIES BUSINESS OFFICE (FBO)**  
*(eMail completed form and attachments to fbo@hawaii.edu)*

FROM: \_\_\_\_\_  
*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 : \_\_\_\_\_

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

PROJECT MANAGER: \_\_\_\_\_

**I. Type of Contracting Action Requested:**

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

**II. IFB and RFP only –**

- A. **Anticipated advertising date:** \_\_\_\_\_
- B. Contractor’s license required: \_\_\_\_\_ (example A, B, C-33, etc.)
- C. Hawaii Products Preference Applies?  Yes  No
- D. Brand name or specifications restrictive of competition used?  Yes  No  
[\(OPRPM Form 144 Sole Brand Justification Request\)](#)

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

\_\_\_\_\_

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

\_\_\_\_\_

V. Estimated amount (attach internal or independent estimate):

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

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

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

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