

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF _____
RFP APPROVAL FORM

DIVISION #: _____

RFP # _____

RFP TITLE:

BRIEF PURPOSE: _____

RFP submitted to: PUBLIC _____ PRIVATE NON-PROFIT _____ PRIVATE FOR PROFIT _____

FUNDING SOURCE: FEDERAL _____ STATE _____ BOTH FEDERAL & STATE _____

FUND TYPE: _____ CO # _____ ACCT # _____ CENTER # _____ ESTIMATED AMOUNT _____

FUND TYPE: _____ CO # _____ ACCT # _____ CENTER # _____ ESTIMATED AMOUNT _____

DIRECT SERVICES: _____ INDIRECT SERVICES: _____ BOTH: _____

1. INITIATOR: _____ DATE SUBMITTED: _____

2. _____ APPROVAL DATE: _____
SECTION/PROGRAM CHIEF _____ DISAPPROVAL

COMMENTS:

3. _____ APPROVAL DATE: _____
CONTRACT OFFICE _____ DISAPPROVAL

COMMENTS:

4. _____ APPROVAL DATE: _____
BUDGET OFFICE _____ DISAPPROVAL

COMMENTS:

5. _____ APPROVAL DATE: _____
DIRECTOR/DESIGNEE _____ DISAPPROVAL

COMMENTS:

6. _____ APPROVAL DATE: _____
DHHS BUDGET , PLANNING & ANALYSIS (if required) _____ DISAPPROVAL

Final APPROVAL After Award

DIVISION BUDGET OFFICE

DHHS PURCHASING

DHHS BUDGET , PLANNING & ANALYSIS

DHHS PURCHASING RFP/CONTRACT NUMBER _____

(if required)

Contract information:

Vendor Name: _____

Not to exceed amount: _____ Contract
period: _____

Comments: _____

RFP Check List:

_____ Nine-Point Justification

_____ RFP and Attachments

_____ Endorsement Letter (if consulting)

INSTRUCTIONS FOR COMPLETING REQUEST FOR PROPOSALS (RFP) APPROVAL FORM

- Division #** Division #--Enter the assigned internal tracking number.
- RFP #** RFP #:--Number will be assigned by DHHS Purchasing Office. Leave Blank.
- RFP Title** Indicate the title of the RFP (e.g., Business Analysis, Market Rate Study, Child Care Resource and Referral).
- BRIEF PURPOSE** Enter a brief purpose for conducting the RFP (e.g., to contract with outside source to conduct pre-licensing workshops for potential child day care providers).
- RFP SUBMITTED TO** Indicate to which sector the RFP is being submitted (when issuing RFP, must submit to the public sector first, if available.).
- FUNDING SOURCE** Indicate the funding source. Check to ensure that the funding source permits the RFP activity.
- FUND TYPE/ CO #/ACCT #/ CENTER #/ AMOUNT** Enter the FUND TYPE (name of fund). Enter the CO # -(company number assigned to the Division). Enter the ACCOUNT and CENTER codes whenever possible. These budget codes will apply to contract(s). **Example:** FUND TYPE : SSBG CO # 2XXX ACCT 53XXXX CENTER: 1XXXXXXXXXX AMOUNT \$200,000.00. If codes are unknown enter the FUND TYPE and AMOUNT available for contracting.
- SERVICES** Indicate what type of services would be purchased. Direct: services provided directly to client(s). Indirect: Services not provided directly to client(s). Both: a combination of services would be provided.

ROUTING/REQUIRED APPROVAL SIGNATURES

- Initiator** Initiator of the project should sign and date the form. Attach the following documents to the completed RFP approval form 1)RFP and Attachments, 2) Nine-point Justification, 3) Endorsement letter (if consulting) and 4) Internet Notice
- Section/Program Chief** Section/Program Chief should sign, date and check approved or disapproved. If disapproved provide reason in comments section and return to the Initiator. If approved forward package to Contract Office.
- Contract Office** Contract Office should sign, date and check approved or disapproved. If disapproved provide reason in comments section and return to the Initiator. If approved, the package will be forwarded required offices
- Budget Office** Budget Officer should sign, date and check approved or disapproved. If disapproved provide reason in comments section. Return package to the Contract Office.
- Division Director/Designee** Division Director/Designee should sign, date and check approved or disapproved. If disapproved provide reason in comments section. Return package to the Contract Office.

DHHS Purchasing must approve all Division RFPs. (This does *not* apply to Institution and School RFPs unless State P & C approval is required.)