

PROCUREMENT DETAILS WORKSHEET

The completion of this worksheet will assist DGS Procurement Division's Buyers and Engineering staff with developing specifications, creating the solicitation and identifying agency specific needs for a successful procurement.

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|---------------|--------------------------------|
| SCR #: | ACQUISITION DESCRIPTION |
|---------------|--------------------------------|

| | |
|---|--|
| REQUESTING AGENCY CONTACT INFORMATION (Please Print) | |
|---|--|

| | |
|---|---|
| AGENCY PROCUREMENT CONTACT | NAME: _____ PHONE: _____ EMAIL: _____ SUPERVISOR: _____ PHONE: _____ |
| AGENCY TECHNICAL CONTACT <small>(Subject Matter Expert, End-User, Etc.)</small> | NAME: _____ PHONE: _____ EMAIL: _____ SUPERVISOR: _____ PHONE: _____ |

- Agency Purchase (within agency's purchasing authority)
 DGS PD Purchase

***Attach requested documentation if not provided with the original SCR submission.
E-mail or Fax worksheet & attachments to the assigned DGS buyer.***

A. SUPPORTING DOCUMENTATION

If you did not forward with the original SCR package please submit within five business days to your assigned buyer.

- Current Supplier's Price Quote (for all items/components that will be purchased)
- Current Supplier's List Price (for all items/components that will be purchased)
- Proprietary Letter (must have Company letterhead, dated and be addressed to agency)
- Mission Critical Certification (Signed by Agency Secretary or Department Director)
- CSSI Exemption Justification (for purchasing outside the CSSI state contract)
- Applicable waivers or prior approvals (PIA, OFAM, OSP, etc.)
- Copy of approved SCR
- Copy of previous approved SCR (if applicable)

B. PREVIOUS PURCHASE HISTORY

1. Has this item(s) been purchased before? Yes No
 If Yes, was item(s) purchased by DGS? Yes Previous DGS Purchase Order #(s): _____
 No Please attach previous agency PO.

2. Previous approved SCR #: _____ Date approved: _____

Please forward all purchase transaction information related to SCR to the buyer. Refer to SCM Vol. 2, Section 5.4.5.

C. TECHNICAL REVIEW

Please be sure you have provided the following with your SCR or attach & return with this document:

1. Product specification sheet(s) or literature for requested items and any/all applicable components.
2. Product specification(s) or literature of similar products in the industry that were evaluated.

D. ADMINISTRATIVE INFORMATION

Please identify any of the applicable items below and submit any supporting documents with this document.

1. Delivery Information:
 - a. Identify when the supplier must complete delivery for this procurement.
 - Number of Days After Receipt of Order (ARO): _____ OR
 - On or Before Specified Date: _____ OR
 - Other as Described: _____

D. ADMINISTRATIVE INFORMATION CONT.

1. Delivery Information Cont.:

b. Identify any special delivery requirements and describe below.

- | | | |
|--|--|---|
| <input type="checkbox"/> Security Clearance | <input type="checkbox"/> Specific Delivery Hours | <input type="checkbox"/> Delivery Distribution List |
| <input type="checkbox"/> Other than FOB Destination | <input type="checkbox"/> Floor Plans | <input type="checkbox"/> Site Preparations |
| <input type="checkbox"/> Packaging Requirement | <input type="checkbox"/> Building Access | <input type="checkbox"/> Facilities Approval |
| <input type="checkbox"/> Special Delivery Tools (pallet jack, forklift, etc.) | <input type="checkbox"/> Other: _____ | |

Additional Details: _____

2. Funding:

a. Funded with Federal Funds/Bonds/Grants: Yes No
(If Grant Funds, please attach a copy of the Grant Agreement).

b. Funds Expire on: _____.

3. Does the requested item have any software requirements or need any type of software to operate? Yes No

E. AGENCY REQUESTED SPECIAL INSTRUCTIONS, EVALUATION CRITERIA AND/OR REQUESTED LANGUAGE

Please check any of the following that may apply or want to discuss with DGS buyer:

1. Payment / Finance:

- | | | | |
|-----------------------------------|---|--|---|
| <input type="checkbox"/> Trade In | <input type="checkbox"/> Financing Arrangements/G\$MART | <input type="checkbox"/> Progress Payments | <input type="checkbox"/> Milestone Payments |
|-----------------------------------|---|--|---|

2. Bonds:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Performance Bond | <input type="checkbox"/> Surety Bond |
|---|--------------------------------------|

3. Evaluation Criteria / Bid Submittals:

- | | |
|---|---|
| <input type="checkbox"/> Samples Prior to Award | <input type="checkbox"/> Resumes/References |
| <input type="checkbox"/> Customer References | <input type="checkbox"/> Drawings/Diagrams with Bid |

4. Special Instructions:

- | | |
|--|--|
| <input type="checkbox"/> Special Installation Requirements | <input type="checkbox"/> Service Requirements |
| <input type="checkbox"/> Federal Excise Tax Cert w/PO | <input type="checkbox"/> Additional Units (# _____ / _____% within _____ days) |
| <input type="checkbox"/> Other: _____ | |

F. OTHER REQUESTED LANGUAGE OR PERTINENT INFORMATION:
