

PROCUREMENT PLAN WORKSHEET

OKOHS Grant Year: _____ Award Number: _____

Project Point of Contact (PPOC): _____

PPOC Agency: _____

PPOC Telephone Number: _____ PPOC Email: _____

Purchasing Agent/Procurement Officer Point of Contact (PA/PO): _____

PA/PO Agency: _____

PA/PO Telephone Number: _____ PA/PO Email: _____

State offices must follow procurements by states at 2 C.F.R. 200.317. Non-State entities and Non-profits must follow general procurement standards at 2 C.F.R. 200.318-200.327.

Please indicate which one of options listed below that you will use to select the vendor.

OPTION ONE: EXISTING GOVERNMENT CONTRACT:

Add a copy of how the Existing Government Contract was bid.

Local Government Contract.
Contract # _____
Contracting Officer _____ Phone No. _____
(Attach a copy of the contract, highlighting the items requested)

State Government Contract.
Contract # _____
(Attach a copy of the contract, highlighting the items requested)

Federal Government Contract.
Contract # _____
Type of Contract/Contract Name: _____
(Attach a copy of the contract, highlighting the items requested)

OPTION TWO: SMALL PURCHASE/P-CARD PURCHASE

Agency Threshold \$ _____

Emergency Purchase (explain): _____

OPTION THREE: SOLE SOURCE/BRAND PROCUREMENT:

A. Who at the local government has authority to determine “sole source” (i.e. city council, county commission, etc.)? _____

B. What steps are required to determine “sole source” by your local government?

(Attached a copy of the sole source paperwork.)

OPTION FOUR: REQUEST FOR PROPOSAL/BID

NSGP Sub-recipients please use this section. Please get at least three (3) quotes.

A. What agency will be conducting the RFP/Bid Process? _____

B. What are the steps for the agency to place a project out for bid? _____

C. What is the timeline to bid this project, once approved? _____

D. Were bid specifications developed? _____

E. What criteria was used to select your vendor?

(Attached a copy of RFP/Bid package and or quotes).

DELIVERY INFORMATION:

What is the exact address to which all equipment, supplies, etc. will be delivered?

Name of Department at delivery address: _____

Street Address: _____

City, State, Zip Code: _____

Name of contact person located at that address: _____

VENDOR INFORMATION:

Vendor Name: _____

Vendor Contact: _____ Phone No. _____

Vendor Address: _____

Vendor Quote Number (attach copy of quote): _____

This area for OKOHS use only – do not write in this area.

Who reviewed this PPW? _____

Did you review all attached documents? _____

Is this PPW approved? _____

When was an approval letter sent to the sub-recipient? _____