



Oklahoma Office of
Homeland Security
Prevent, Protect, Prepare

PROCUREMENT PLAN WORKSHEET

Entity Information:

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 and all state procurement policies. Non-State entities and non-profits **must** follow general procurement standards at 2 C.F.R. 200.318-200.327.

Please make note of 2 C.F.R. 200.332 (a) to the greatest extent practicable and consistent with law, provide preference for the purchase, acquisition, or use of good, products, or material produced in the United States.

Per CFR 200.324 (c): The sub-recipient must not use the “cost plus a percentage of cost” and “percentage of construction costs” methods of contracting.

Link to e2CFR procurement section: <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d>

As a reminder ALL Infrastructure Project must also follow FEMA Policy: Buy America Preference in FEMA Financial Assistance Programs for Infrastructure. Most OKOHS project fall below the Federal Simplified Acquisition Threshold (FSAT) which is currently set at \$350,000.00. You must complete a small project’s general applicability waiver and keep it with your grant documents but it does not need to be submitted to OKOHS or FEMA for review and approval.

Link to BABBA information:

https://www.fema.gov/sites/default/files/documents/fema_gpd_buy-america-preference-policy_012026.pdf

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: MICRO PURCHASE

2 CFR 200.320 (a)(1) (i, ii, iii, iv)

Federal Procurement Standard Threshold \$15,000.00 unless an exception is approved in advance.

Purchase (explanation):

OPTION TWO: STATE AGENCY PCARD PURCHASE

State Procurement Standard Threshold \$25,000.00 or less.

Purchase (explanation):

OPTION THREE: SIMPLIFIED ACQUISITIONS:

Purchases greater than \$15,000.00 but less than \$350,000.00

You must receive between three (3) and five (5) quotes or proposals.

NSGP sub-recipients must use this section unless you qualify for the micro-purchase option.

Purchase (explanation):

OPTION FOUR: FORMAL PROCUREMENT REQUEST FOR PROPOSAL/BID

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 on this project, once approved?

D. Were bid specifications developed?

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

SELECTION DETAILS for OPTION FOUR:

Was there a scoring process for selecting the vendor?

If so, was the selected vendor the vendor with the highest score?

If not, why was the vendor selected over the vendor with the highest score?

If scoring criteria was not created, how did you select your chosen vendor?

OPTION FIVE: 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.)

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): _____

SAM.GOV VERIFICATION:

Did the sub-recipient check sam.gov to verify the selected vendor is not suspended or debarred from doing business with the federal government? Yes No

The sub-recipient must provide proof of verification of the selected vendor by screenshot or print out from sam.gov showing the vendor is not suspended or debarred. This verification must be submitted with the procurement plan worksheet, and if not submitted the worksheet will not be approved.

This area is reserved for OKOHS staff only – sub-recipients do not write in this area.

Who reviewed this PPW? _____

Did you review all attached documents? _____

Did the sub-recipient provide proof of sam.gov verification? If verification is not provided the PPW must not be approved. _____

Is this PPW approved? _____

If this PPW is not approved, why? _____

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

Signature of OKOHS Representative