

**OFFICE OF PROCUREMENT SERVICES  
OPS 100 - Competitive Solicitation Approval Form**

This form shall be completed and approved before the identified competitive solicitation is advertised.

**Solicitation Title:** \_\_\_\_\_

**Solicitation Type:** ITB:  RFP:  ITN:

**Solicitation Number:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Estimated Dollar Amount:** \_\_\_\_\_

**Term and Renewals:** Term: \_\_\_\_\_ Renewals: \_\_\_\_\_

**Description of Services:** \_\_\_\_\_

**Comments:**

RFP / ITN JUSTIFICATION STATEMENT			NO CONFLICT OF INTEREST STATEMENTS COMPLETED		
<b>RFP</b> - a memo from the Purchasing Agent determining and specifying in writing the reasons that procurement by an ITB is not practicable has been completed and is in procurement file.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>		RFP	Evaluation Team:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
			ITN	Evaluation Team:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>
<b>ITN</b> - a memo from the Purchasing Agent determining and specifying in writing the reasons that procurement by an RFP or ITB is not practicable has been completed and is in the procurement file.	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>			Negotiation Team:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> N/A: <input type="checkbox"/>

**APPROVALS:**

Signature

Date Approved

Requesting Department: \_\_\_\_\_

Assistant Director, OPS: \_\_\_\_\_

Director, OPS: \_\_\_\_\_

OTHER: \_\_\_\_\_

General Counsel (If applicable): \_\_\_\_\_