## OFFICE OF STATE PROCUREMENT PROFESSIONAL CONTRACTS CONSULTING OR SOCIAL SERVICES RFP SUBMISSION FORM

Date:							
Agency Name:							
I.T. Services	ervices Non- I.T. Services						
PST Review Requ	ired? (I.T. over \$10	0,000):	Yes	]	No		
	has OTS delegated legation of authorit		_			Yes	No
Description of Ser	vices:						
New	Continuing Se	rvice					
If new: Expected a	amount of contract:						
Means of I	Finance/Funding So	ource &	Amounts:				
Federal	State	State General Fund			Interagency Transfers		
Fees & Self-Generated				<b>Statutory Dedication</b>			
Name(s) of interes	ted and/or known p	proposer	s:				
If continuing servi Name of c	ice: urrent contractor:						
Amount of	Amount of contract:			(	CFMS/LaGov #:		
Date RFP	issued:						
Is legal review at a (For DOA agencies-OC	agency completed? GC approval required)	YES	N	Ю			
Key internal contr	ol?	YES	N	Ю			
Additional Comm	ents:						