New Contract Submission Sole Source Procurement

PPRB OPSCR Rules and Regulations Chapter 9

Agency			
Contractor			
Period of Performance_			
	Projected Contract I	Lifecycle and Budget	
Contract Term	Start Date	End Date	Projected Budget
year contract with two optio 2". List the anticipated start each period. If the Contract	nal one year renewals, you was and end date of each perion is for more than 5 years, pro	t Term column. For example, vould list "Initial Term"; "Rend and the amount the Agend vide the Agency's authority to section below and provide a	ewal Year 1"; "Renewal Year ry anticipates it will spend ir o enter a contract for a term
Contract Number			
Solicitation RFx Number			
Other Associated Numb	ers in MAGIC		

Notes (any comments or information you want to provide to OPSCR)

	Agency Head Determination Section 9.1		
Th	e Agency Head Determination		
•	Describes Agency's need, including why particular service is the only one which will meet the Agency's need	Yes	No
•	Includes a certification that Agency has determined there is only a single provider of service <u>in the marketplace</u> , including marketplace research conducted	Yes	No
•	Explains why the amount is reasonable, including efforts to get the best price possible	Yes	No
•	Is signed by the Agency Head (cannot be delegated)	Yes	No

Sole Source Procurement

Sections 9.2 and 9.3

The Contractor is a sole source provider of the personal or professional service because

The Contractor is the only source who can provide the required personal or professional service

A binding, valid court order has been issued mandating a particular source or provider be used for the required service

Sole Provider of Personal or Professional Service

Agency Head determination, proposed contract, and instructions for filing objection posted				
Dat	Date on Agency website Date on Procurement Portal**			
Must be publicly available for at least 21 days before submitting contract to PPRB or before contract award for contracts that don't require PPRB approval. Documentation which proves compliance with all public notice regulations required.				
Th	e instructions for filing objection include			
•	Contact information for the Agency official responsible for procurement and contact information for Director of OPSCR	Yes	No	
•	Deadline to file objection (minimum of 21 calendar days following first date of publication)	Yes	No	
•	Explains reasonable requirements for Agency to determine it received objection	Yes	No	

^{**} Throughout this document, any reference to the Procurement Portal refers to the Buying and Selling to Government in Mississippi website: https://www.ms.gov/dfa/contract_bid_search/Home/Sell. Use MAGIC to post your Solicitation, Amendments, and Notice of Intent to Award to this website. If you need assistance with posting to the Procurement Portal, contact the MMRS helpdesk at mash@dfa.ms.gov.

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Deadline to file objection	No objection filed
After objection, the Agency determined	
Provider is a sole source	
Provider is not a sole source	
Court Ordered Sole Source	
The Agency has submitted	
 Agency Head determination required by Section 9.1? Yes Full copy of contract? Yes No Copy of the court order? Yes No 	No

	Contract Chapter 14, Appendix E
Provide the contra	act page number for the following
Period of perCost of servioInsurance an	e performed/deliverables to be provided formance ces (fixed-price; cost reimbursement; etc) d/or bonding requirements nent language
	mber in the contract where the following required clauses are located Applicable Law Clause Approval Clause Availability of Funds Clause Compliance with Equal Opportunity in Employment Policy Clause Compliance with Laws Clause E-Payment Clause E-Verification Clause No Limitation of Liability Paymode Clause Procurement Regulations Clause Property Rights Clause Representation Regarding Contingent Fees Clause Representation Regarding Gratuities Clause Required Public Records and Transparency Clause Stop Work Order Clause Termination Clause

Contract Approval Sections 1.2.1, 1.2.2, 9.2.3, and 14.8 Date Submitted to OPSCR Requested PPRB Meeting Date Contract Effective Date* *The Contract Effective Date cannot be prior to the PPRB Meeting Date. The contract requires regulatory board approval (other than PPRB) Yes No Board Expected Board Meeting Date A copy of the Minutes showing the Regulatory Board approved the contract is required before final approval. Contractor is qualified to do business in the State per Miss. Code §79-4-15.01? Yes No Provide documentation of registration and good standing with the Mississippi Secretary of State. Insurance Requirements (type of insurance and amount): ____ \$_____ Does the contract require the Agency to be listed as an Additional Insured? Yes No A current Certificate of Insurance reflecting the required coverage must be submitted to OPSCR. What is the funding source for this contract? % State General Funds % Federal Funds _% Grant Funds (describe Grant) % Other (describe) Did the agency submit the procurement to OPSCR for a compliance review as described in Section 1.2.3 during the procurement process? Yes No If yes, all communication with OPSCR during the compliance review regarding the review shall be submitted with the contract. Was there a conflict between the procurement requirements of the funding source and the PPRB OPSCR Rules and Regulations? Yes No Did the agency take any specific action to preserve the procurement? Yes No If yes, the memorandum required by Section 1.4.8.1 shall be submitted to OPSCR. Did the Agency make decision(s) during the procurement process implicating the principles of competition, fairness, and transparency? Yes No

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If so, explain the facts underlying the decision and the legitimate business purpose supporting the agency's decision.		
Has the Agency Head delegate	d authority to a designee to execute the contract? Yes No	
If yes, the memorandum required by Sec	tion 14.9 shall be submitted to OPSCR.	
Are these services currently be If yes, who is currently providir	ring provided to the Agency? Yes No ag the services?	
Agency Representative for PPR	RB Meeting	
	Telephone Number	
Responsible Agency Official		
By signing below, I certify that al correct, and complete to the be	Il information provided herein and/or uploaded to MAGIC is true, st of my knowledge.	
Signature	Date	
	OPSCR USE ONLY	
Primary Analyst	Signature	
Secondary Analyst	Signature	
	NOTES	