



Submit completed form to:
Purchasing – IFB Team
OGS.sm.OGSBUYDESK@ogs.ny.gov
(518) 457-4272

AGENCY BID REQUEST

(This form should be utilized by agencies to request a solicitation be conducted by the Business Services Center on behalf of your agency. The request applies to procurements over \$50,000 subject to Office of the State Comptroller approval.

CRITERIA: BSC will conduct bid solicitations based on the following criteria: Non-construction one-time purchases for commodities not available from a preferred source or an OGS centralized contract.

TIMELINE: From the point of request to issuance of a purchase order, please allow an estimated 3-5 months processing time.

- 1. AGENCY NAME & DIVISION:
2. AGENCY REQUESTOR:
3. PRODUCT(s) BEING PURCHASED:
4. ESTIMATED COST: \$

Email detailed Specifications in "Word" format OGS.sm.OGSBuyDesk@ogs.ny.gov
(if not available in Word format, attach to this request)

5. MINORITY & WOMEN OWNED BUSINESS ENTERPRISE (MWBE) & SERVICE DISABLED VETERAN OWNED BUSINESS (SDVOB) PARTICIPATION

MWBE Goal Percentages Assigned to this Procurement: MBE: WBE:

SDVOB Goal Percentage Assigned to this Procurement: SDVOB:

Email your agency specific MWBE and SDVOB solicitation language in "Word" format along with any forms you require.

If MWBE goals are -0-, email the waiver with your request.

If goal percentages are set on either MWBE or SDVOB, BSC may request your analysis and names of suppliers that were identified.

If the cost is between \$50,000 and \$200,000, do you want to use your agency's discretionary authority and limit the bidding to MWBE, SDVOB, and/or NYS Small Business: Yes No

If Yes, check all boxes that apply: MWBE NYS Small Business SDVOB

6. BUSINESS INFO: If there are known suppliers/manufacturers that offer the product, include information below so we can include them on the bidder solicitation list. Attach any quotes or literature that has already been received.

Company, Rep Name, Email:



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Please complete the following (if not already included in specifications):

- 1. Delivery Address:
2. Special Delivery Terms: (i.e. Inside, Dock, Up Stairs) OTHER:
3. Warranty Requirements:
4. Do you require delivery within a certain number of calendar days after vendor receives a Purchase Order: Yes [] No []
If Yes, reasonable # of days:
5. Supplier Qualifications:
6. Delivery Contact: Phone: Email:
7. Technical Contact: Phone: Email:
(primary contact who can answer questions on the specifications)

EXTERNAL APPROVALS (attach hard copy notices to this request):

- 1. DOB System Approval (B1184). If blanket approval for several items, also attach the detail spreadsheet.
2. If Technology related, ITS Plan to Procure (PTP) approval
3. If item is available from a Preferred Source, but they declined to bid, attach declination letter.
4. If item is available on an OGS Contract with "OGS or Less" Clause and Contractor could not meet or beat the lowest quoted price, attach their declination letter or email.

AGENCY APPROVAL

The undersigned approves the initiation of a solicitation for specified items or services:

FINANCE LIAISON:

Name Typed

Signature

PLEASE NOTE: Before the bid package is submitted by BSC to the Office of the State Comptroller (OSC) for approval, a Contract Requisition must be approved in SFS by the agency. BSC will create the requisition and alert you when it is ready for approval.