



NSD PROCUREMENT REQUEST FORM

Submittal Date: _____ Contract Start Date: _____ Division: _____

Staff Contact Name: _____ Telephone: _____

REQUEST TYPE

- New Procurement
- Amend Existing Contract (including Option to Extend)
- New Qualified Vendor List

SELECTION TYPE OF PROCUREMENT

- Invitation for Bid (IFB)
- Informal Solicitation (<\$100,000)
- Request for Qualifications (RFQual)
- Request for Quote (Informal)
- Determination Memo (Select from Below)
 - Sole Source
 - Emergency
 - After the Fact
 - Special Circumstance w/o Competition
 - Special Circumstance alt Competition Other (Please explain) _____
- Request for Proposal (RFP)
- Revenue Contract Solicitation (RCS)
- Payment Ordinance Only (another Dept. owns contract)
- Call for Information (CFI)
- Approved Contractors List
- Other (Please Explain) _____

Business Investment Request Form (BIRF – must be included with technical procurement requests)

BIRF # _____ [Follow Link For More Details](#)

CITY COUNCIL ACTION (Issue)

Requires City Council Approval to Issue: **Yes** **No** Requires Subcommittee Approval to Issue: **Yes** **No**

Requested City Council Agenda Date: _____ Requested Subcommittee Date: _____

CITY COUNCIL ACTION (Award)

Requires City Council Approval to Award: **Yes** **No** Requires Subcommittee Approval to Award: **Yes** **No**

Requested City Council Agenda Date: _____ Requested Subcommittee Date: _____

EXISTING CONTRACT DESCRIPTION / INFORMATION

City Clerk # _____ Initial Contract Term: _____ Options to Extend: _____

SRM # _____ Contract Expiration: _____ Ordinance # _____

Short Description if contract number is not known.

(Keywords) _____

Description of Contract/Services Needed

PURPOSE OF THIS REQUEST:

ADVERTISING REQUEST:

Fill out the [Official Advertising Request Form](#), attach it to your email and submit it with this PRF.

Click blue words to access form and more details.

REQUIRED ATTACHMENTS: (Any documents provided must be attached to email)



- Scope of Work
- Evaluation Criteria (not to exceed 1,000 pts)
- Official Advertising Request Form
- Potential Panel Members (3/5 names)



Cost of this Request

Annual Cost

Aggregate Contract Value

Cost Center

GL

Select Funding Source

Options: GF, CDBG, HUD, Other

If other, please specify

EXISTING VENDOR INFORMATION (if applicable)

Vendor Name:

Office Phone:

Vendor Contact:

Mobile Phone:

Email:

Vendor Address:

Special Instructions:
(if applicable)

Supervisor Signature: _____ Date: _____

Deputy Signature: _____ Date: _____

