

Illinois Cooperative Opportunities Program Request Form

Requesting University: _____ Department Name: _____

Project Title: _____ Bulletin Reference #: _____

This request is for a: _____

Section I - Originating Entity Details

Name of Originating Entity: _____ Originating Entity Contract #: _____

Vendor Name: _____ Distributed by (if other than Vendor): _____

Begin Date of Entity's Term: _____ End Date of Entity's Term: _____ Renewal Options: _____

Type of Award: RFP IFB Sole Source Other (explain): _____

How many vendors responded? _____ How many vendors were awarded a contract in this solicitation? _____

Did selected vendor submit low bid? Did selected vendor have the highest evaluation score?

Why was the selected vendor awarded a contract by the originating entity? Attach additional documentation if necessary.

Is the requested supply/service offered under an existing IPHEC award, CMS master contract, or other approved cooperative?

If yes, why was this award selected instead of another award? _____

Section II - University Contract Information

Provide a detailed description of the supply or service required. Attach additional documentation if necessary.

Start Date: _____ End Date: _____ Renewal Options: _____

Contract Amount: _____ Actual/Estimated: _____

Have the requested supplies/services been purchased previously?

If yes, what method of procurement was used? _____

Provide a detailed description of the basis for determining the price is competitive in the marketplace. Attach additional documentation if necessary.

What efforts were made to negotiate a better price?

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If the cooperative awarded to multiple vendors, what method was used and why did the university select this vendor? Attach additional documentation if necessary.

Is there a BEP, Veteran, or Small Business goal attached to this Cooperative Request? If yes, what is the goal, and describe how it will be met. If not, explain why there is no goal. Attach additional documentation if necessary.

The following documents are provided and attached in relation to the awarded vendor:

If Not Registered in the IPG

Form A - Vendor Disclosures

If Registered in the IPG

Form B - IPG Active Registered Vendor Disclosures

APPROVAL SIGNATURES

University Approval

We examined the entity's process used to select the recommended vendor(s) and resulting pricing. We believe that participation in this purchase request is the best process for obtaining the required supplies/services, and is in the best interests of the University.

University Representative Signature: _____ Title: _____

Printed Name: _____ Date: _____

State Purchasing Officer Approval

Based on my review of the provided information, I approve this purchase request.

I do not approve for the following reasons:

SPO Signature: _____ Date: _____

Printed Name: _____