OSP Approval Request

Request for Qualifications (RFQ)

Complete all sections of this *OSP* *Approval Request—Request for Qualifications* form and follow the steps specified in the *Request for Qualifications Procedures*. Email the completed form to the Office of State Procurement review mailbox at [osp.review@arkansas.gov](mailto:osp.review@arkansas.gov) to ensure timely review.

**Procurement Unit Requesting the RFQ**

Requesting Department: Choose an item.

Requesting Division: Click here to enter text. Purchasing Contact: Click here to enter text.

Phone Number: Click here to enter text. Email: Click here to enter text.

**General Information**

Description of Service/Commodity: Click here to enter text.

Total Projected Cost: Click here to enter text.

Start Date of Resulting Contract: Click to enter date.

Expiration Date of Resulting Contract: Click to enter date.

**Why is an RFQ the most suitable method of procurement?**

Click here to enter text.

**Why should cost not be considered in the procurement?**

Click here to enter text.

**How will the cost of the contract be controlled?**

Click here to enter text.

**Provide additional details as needed.**

Click here to enter text.

If this request to conduct an RFQ also includes a request to award to multiple contractors, please note that a multiple award request must include a rationale and basis for the multiple award contract and the number of contractors required to fulfill the need (see Arkansas Code Annotated § 19-11-262).

**If a multiple award is desired, provide the rationale and basis for the multiple award contract.** Click here to enter text.

**For a multiple award request, indicate the number of contractors required to fulfill the need**. Click here to enter text.

**To Be Completed by the Office of State Procurement**

Approved: The requestor has submitted an acceptable rationale to justify the request.

Denied: The requestor has not submitted an acceptable rationale to justify the request and should utilize the appropriate method of procurement required by law.

**Comments**

Click here to enter text.

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**Approver’s Signature**

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**Date**