|  |  |  |  |
| --- | --- | --- | --- |
| **This form to be used for all requests to generate a contract using Open Market Purchase as the purchase authority** | | | |
| **Requesting Department:** |  | **OCA Only:**  Date received by OCA |  |
| **Contact Name:** |  | Purchaser Name: |  |
| **Contact Title:** |  | Date reviewed by OCA |  |
| **Contact Email:** |  | Approved by OCA **Y/N** |  |
| **Contact Phone:** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SUPPLIER INFORMATION** | | | | | | | | |
| **Supplier Name:** |  | | | | **Supplier ID:** | | |  |
| **Supplier Contact:** |  | | | | **Supplier Phone Number:** | | |  |
| **Supplier Email:** |  | | | | **12B Compliant?** | | |  |
| **CONTRACT AMOUNTS** | | | | | | | | |
| **Current OMP Contract Amount** | **Current OMP Contract No.** | | | **Requested Contract Amount** | | | **New OMP Contract No.** | |
|  |  | | |  | | |  | |
| **Please answer the following questions** | | | | | | | | |
| 1. Provide a list of what is purchased (or likely to be urchased) from the supplier. | | | |  | | | | |
| 1. Provide a price list from the supplier. | | | |  | | | | |
| 1. Is there any discount off the price list from the supplier? | | | |  | | | | |
| 1. Why do you need to buy from this supplier? | | | |  | | | | |
| 1. Why can’t the purchase be bid out? | | | |  | | | | |
| 1. Why can’t Prop Q purchases be done instead of an OMP contract? | | | |  | | | | |
| 1. What was the utilization last fiscal year? | | | |  | | | | |
| 1. How much do you anticipate spending in the coming fiscal year? | | | |  | | | | |
| 1. Does the supplier offer a payment discount? For example, 1%30N31. If so please state discount. | | |  | | | | | |
| 1. Is the supplier a Local Business Enterprise (LBE), certified by the City’s Contract Monitoring Division (CMD)? | | |  | | | | | |
| 1. If the supplier is not a certified LBE, why can’t an LBE be used? | | |  | | | | | |
| 1. If a certified LBE cannot be used, why is an OMP contract needed? | | |  | | | | | |
| **Authorizations:** | | | | | | | | |
| **List all persons authorized to used this agreement:** | | | | | | | | |
| **NAME** | | **EMAIL** | | | | **PHONE NO.** | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
|  | |  | | | |  | | |
| **NOTES:** | | | | | | | | |
| * Delivery/freight charges should be included in material /product cost. * The daily limit to spend on this contract is no more than $1000.00. * Supplier must provide current insurance certificate. Insurance will depend on item and how it’s delivered. | | | | | | | | |
| **Line 1 Description in PeopleSoft must read as follows:**  Description of product/service  Pricing Terms:  Payment Terms:  Delivery times:  Daily Limit: $1,000.00 | | | | | | | | |
| **Entering information into PeopleSoft**   * Department to create contract in PeopleSoft * Administrator/buyer on contract is to be the department person managing contract * Upload approved checklist into “add comment” section at the header level * Upload supplier quote, insurance and other supporting documents in the “add document” section * Select “PC” as contract type. Amounts over 10K will be routed to OCA for approval. * Department to execute contract after OCA approval | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **INSURANCE & LIABILITY** | | |
| **Document** | **Attached?** | **Explanation/Comments** |
| 1. **Insurance:**  * Place an “X” next to each item required submit evidence of item marked. “COI” = Cert. of Insurance * If applicable insurance provisions are reduced or waived, Risk Manager (RM) must provide written confirmation. * Additional Insured Endorsement Requirements: Must: (a) name the “City and County of San Francisco, its Officers, Employees and Agents” or (b) be a blanket endorsement as required by a written contract. | | |
| **General Liability** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **GL Additional Insured Endorsement** |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Auto Liability** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Auto Additional Insured Endorsement** |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Workers Compensation** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Waiver of Subrogation** |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Tech Errors and Omissions** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Cyber Security** (COI) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Garage keepers/Property of Others** (COI)  (Vehicles & Heavy Equipment) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| **Other** (COI)  (e.g. Marine Liability, etc.) |  | Reduced or Waived?  If Yes, provide written confirmation from RM. |
| 1. **Changes to Indemnification Requirements** |  | Reduced or Waived?  If Yes, City Attorney consultation is required. |
| 1. **Performance/Fidelity/Surety/Labor Bond**   (If required in Contract) |  |  |
| 1. **Escrow for Source Code** (If required in Contract) |  |  |
| **OTHER** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **COMMENTS** | | |
|  | | |