|  |
| --- |
| **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/servicePricing 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** |
|  |