

SMALL BUSINESS RESERVE
SBR Solicitation Exemption and Approval Form
MARYLAND DEPARTMENT OF HEALTH (MDH)
Office of Procurement and Support Services (OPASS)

ADPICS/OPASS No: _____

Description of Service: _____

Solicitation Sole Source Other _____

Dollar Amount: _____

Administration: _____

Contact: _____ Phone: _____

Justification for Exemption Request:

Your justification factors should include an analysis of the number of registered small businesses available to perform the services desired.

Recommendation:

Approved as submitted

Denied:

Stated justification is insufficient. Recommended _____

Failure to include justification.

Other (see comments)

Date Reviewed by OPASS Small Business Reserve Review Group: _____

Director of OPASS: _____

Date: _____

Director of MBE: _____

Date: _____

Please attach your Small Business Reserve list
To obtain a list, visit <https://emaryland.buyspeed.com/bsr/>

Searches	Number of Vendors
<i>If no Small Business Reserve vendors exist for this contract, attach a list of those companies which will be directly solicited.</i>	