

VSBE GOAL

PRG Review and Approval Form

for Veteran-Owned Small Business Enterprises (VSBE)

MARYLAND DEPARTMENT OF HEALTH (MDH)

Office of Procurement and Support Services (OPASS)

SBR Procurement

ADPICS #: M00R M00 CO	OPASS #: Previous OPASS #:	Solicitation Title:
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Select: New Procurement Retro/Emergency Sole Source IGCP Option Mod

Administration:

Contact Name:	Procurement Coordinator:
Phone:	Phone:

OPASS Contract Officer

Name:

Phone:

Anticipated Dollar Amount (including options):	Anticipated Start Date:
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Incumbent Vendor*: <input type="checkbox"/> Yes <input type="checkbox"/> No Vendor Name: <i>*If incumbent vendor, please attach most recent budget</i>	Non-Profit: <input type="checkbox"/>	MBE: <input type="checkbox"/>	SBR: <input type="checkbox"/>
	VSBE Goal: %	Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No	

For new procurements only: Duration of Contract Base: year(s) month(s)

Option 1: day(s) Option 2: day(s) Option 3: day(s) Option 4: day(s) Option 5: day(s)

For options only

Option Term: Option: day(s)

For modifications only

Modification Term: Modification: day(s)

Goal Explanation/Justification:
 Include an explanation and justify your goal. Your goal factors should include available VSBEs who are verified by the Center for Veterans Enterprise of the United States Department of Veterans Affairs (<https://www.vip.vetbiz.va.gov/Search/AdvancedSearchForm>).

Recommendation:

Approved as submitted

Approved with recommended changes (see comments)

Denied:

Stated goal is insufficient. Recommended goal is %.

Failure to include justification for VSBE subcontracting goal.

Other (see comments below)

Reviewed by Procurement Review Group (PRG): _____

MBE Administrator/Liaison: _____ **Date:** _____

Director of OPASS: _____	Date: _____
PRG Member: _____	Date: _____
PRG Member: _____	Date: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Submit options with VSBE goals only. Attach original goal justification. Additionally, document total dollars spent with incumbent and total dollar amount with certified VSBE subs. If goal is not being met, submit a corrective action plan.

