

Instructions are on pages 3 and 4.

# REQUISITION

## STATE PROCUREMENT BUREAU

State Financial Services Division  
Montana Department of Administration

[SPB@mt.gov](mailto:SPB@mt.gov)  
Phone: (406) 444-2575  
TTY Users-Dial 711

SCOPE OF SERVICES / SPECIFICATIONS

TOTAL CONTRACT  
VALUE

Requested Contract  
Dates

Start Date:

End Date:

Renewals:

**NOTE: Allow a minimum of 14 days after submitting this requisition and scope of work (SOW) or specifications before expecting a Contracts Officer (CO) or Purchasing Agent (PA) to be assigned to this project. Requisition must be accompanied by draft SOW/specs in order for SPB to assign the project. The assigned CO or PA will work with the agency contact person named below to establish the Schedule of Events, including contract start date.**

**Is this replacing an existing contract? If yes, provide details below.**

**NOTE:** Be sure to submit the requisition early enough to allow adequate time to accommodate appropriate solicitation method and contract refinement discussions prior to expiration of current contract.

Existing Contract

Number:

Contractor:

End Date:

1. Short project title:
2. For which fiscal year:
3. Agency Name:
4. Agency Requisition Number (Optional):
5. Agency Contact Person:                      Phone:                      E-mail:
6. Are federal funds involved?  Yes  No
7. Suggested vendors list attached?  Yes  No
8. Is this request for IT services/supplies?  Yes  No If yes, include ITPR number                      and form.
9. Could these services/supplies be beneficial to other agencies?  Yes  No  
If yes, include a list of interested agencies.
10. RFP  IFB  CEP  Sole Source (justification attached)
11. Will payments to contractor be made via ProCard?  Yes  No
12. Requisition Prepared By:

<p><b><u>BILLING</u></b></p> <p><b>Name:</b>  <b>Agency:</b>  <b>Division Name:</b>  <b>Bureau Name:</b>  <b>Address:</b>  <b>City, State ZIP:</b></p>	<p><b><u>SHIPPING (if different from billing address)</u></b></p> <p><b>Name:</b>  <b>Agency:</b>  <b>Division Name:</b>  <b>Bureau Name:</b>  <b>Address:</b>  <b>City, State ZIP:</b></p>				
<p>I certify that the items or services specified in this requisition are absolutely necessary; that they are to be used for the benefit of the State of Montana; that there are proper authority of law and sufficient funds for this purchase; and that this purchase will not result in any request for additional funds from the Legislature.</p>	<table border="1"> <tr> <td data-bbox="776 478 1403 642"></td> <td data-bbox="1403 478 1549 642"></td> </tr> <tr> <td data-bbox="776 642 1403 737" style="text-align: center;">Authorized by</td> <td data-bbox="1403 642 1549 737" style="text-align: center;">Date</td> </tr> </table>			Authorized by	Date
Authorized by	Date				
<p>Requisitions with an expected Total Contract Value of \$200,000 or greater require approval by the Executive Branch Department Director, and will not be accepted by SPB without these approvals.</p>	<table border="1"> <tr> <td data-bbox="776 737 1403 888"></td> <td data-bbox="1403 737 1549 888"></td> </tr> <tr> <td data-bbox="776 888 1403 932" style="text-align: center;">Director's Authorization</td> <td data-bbox="1403 888 1549 932" style="text-align: center;">Date</td> </tr> </table>			Director's Authorization	Date
Director's Authorization	Date				
<p>Requisitions with an expected Total Contract Value of \$200,000 or greater require approval by the Office of Budget and Program Planning, and will not be accepted by SPB without these approvals.</p>	<table border="1"> <tr> <td data-bbox="776 932 1403 1083"></td> <td data-bbox="1403 932 1549 1083"></td> </tr> <tr> <td data-bbox="776 1083 1403 1121" style="text-align: center;">Office of Budget and Program Planning Authorization</td> <td data-bbox="1403 1083 1549 1121" style="text-align: center;">Date</td> </tr> </table>			Office of Budget and Program Planning Authorization	Date
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<p><b>COMMENTS:</b></p>					

## REQUISITION INSTRUCTIONS

### COMPLETE ENTIRE FORM - DO NOT DELETE ANY PART

**NOTE: Incomplete information will delay this request.**

**Description:** The specification details can be provided in the space available on the requisition form or attached in a WORD document to the e-mail message. **Note: An estimated dollar amount must be included that corresponds to the "total contract value."**\*

**Requested Contract Dates:** Note the start and end dates you anticipate for this contract. Also note the number of renewal options you would like. **NOTE:** State contracts generally may not exceed a total of seven years, IT contracts for 10 years.

**New or replacement Contract:** If this is replacing an existing contract, note the existing contract number, contractor, and end date.

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1. **Short project title:** Supply up to five words suitable for a solicitation title.
  2. **For which fiscal year:** Fiscal year the payment will come out of.
  3. **Agency Name:** Insert your agency's name.
  4. **Agency Requisition Number (Optional):** Your agency's choice. SPB will use the number you supply.
  5. **Agency Contact Person:** Who SPB should call with questions on the project. Include phone number and email address.
  6. **Are federal funds involved?** Tells SPB whether to check federal debarred list and whether reciprocal preference should not be considered.
  7. **Suggested vendors list attached?** Not required, but tells SPB if there are some vendors you want to be sure receive notification of the solicitation. You may use your own list and/or search for vendors registered on the State's Vendor List. Registered agency users of the State's eMACS system have the ability to search by commodity for a list of registered vendors that may be able to supply the goods or services. For assistance, please contact the State Procurement Bureau at 406-444-2575 or [emacs@mt.gov](mailto:emacs@mt.gov). Provide current vendor contact information.
  8. **Is this request for IT services/supplies?** Executive Branch requests for IT services or supplies must be approved by SITSD. Provide the ITPR number assigned by SITSD indicating that they have preliminarily approved this procurement.
  9. **Could these services/supplies be beneficial to other agencies?** Tells SPB whether other agencies could potentially benefit from this particular project. If yes (or if unsure), select yes and note in the comments section why the project might (or might not) work as an enterprise solution. Provide names of agencies you think could use these services/supplies or those you have discussed this project with.
  10. **RFP / IFB / CEP / Sole Source:** Note your preference for a solicitation method. If requesting a sole source purchase, be sure to attach the required justification.

**NOTE:** Once a Contractor Engagement Proposal (CEP) solicitation is released the process will continue to the point of award to a selected offeror. A CEP should not be used in lieu of a Request for Information (RFI) or any other market survey technique. Accurate estimates, adequate funding, announcing budget/price ceilings, and detailed statements of work (SOW) are critical tools in successfully using the Master Contract for IT Services to fulfill information technology service requirements.

11. **Will payments to contractor be made via ProCard?** Indicates whether you intend to pay the contractor using the State's procurement card. While this method of payment is not mandated, it is preferred.
12. **Requisition Prepared By:** Name of person completing the requisition form.

Complete **BILLING** and **SHIPPING** by filling in the requested information.

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**Authorized by:** Fill in the name of the person authorizing the procurement. **Note: We strongly recommend that your agency print a hard copy of the requisition, have it signed, and store it in your office for audit purposes.**

**Director AND Budget Office signature must be obtained *prior* to submitting any requisition with a Total Contract Value of over \$200,000. \*'"Total contract value"' means the entire potential monetary worth of a project from beginning to completion, including the initial contract period and any options to renew.**

**This applies to:**

<b>Dept. of Administration;</b>	<b>Lottery;</b>
<b>State Tax Appeal Board;</b>	<b>Dept. of Agriculture;</b>
<b>Dept. of Commerce;</b>	<b>Dept. of Corrections;</b>
<b>Dept. of Environmental Quality;</b>	<b>Dept. of Fish, Wildlife &amp; Parks;</b>
<b>Governor's Office;</b>	<b>Dept. of Labor &amp; Industry;</b>
<b>Dept. of Livestock;</b>	<b>Dept. of Military Affairs;</b>
<b>Dept. of Natural Resources &amp; Conservation;</b>	<b>Dept. of Public Health &amp; Human Services;</b>
<b>Dept. of Revenue;</b>	<b>Dept. of Transportation.</b>

**Comments:** Use this area to give SPB additional information, to include accounting data for internal use, etc.

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**Signing and Submitting Your Requisition:** The PDF Requisition Form is a fillable form that can be printed and delivered to the SPB office or be submitted via email. When filling out the form, follow the directions as indicated on the first page. Once the form is filled out, **a signature must be included before the SPB will accept the form.** In order to sign the document electronically, click on the "authorized by" box and follow the instructions. For new Adobe signatories, follow these instructions:

*Initial pop-up box:*

"A new digital ID I want to create now" NEXT "New PKCS#12 digital ID file" NEXT

Enter Name/email/etc. NEXT Enter password FINISH

A new pop-up will appear asking you to select your signature and input your password. You can adjust the appearance of your signature by clicking the drop-down Appearance box option, "Create New Appearance." When you are satisfied, click "SIGN" to add your signature.

Once the signature is complete, you can submit the document by selecting the "Submit by Email" button located at the top of the document. This button will automatically open an Outlook email to the SPB with the form attached. Or if preferred, the form can be delivered or faxed to the SPB Office.

**PLEASE REMEMBER TO USE THE CURRENT PROCUREMENT FORMS FOUND AT  
<http://sfsd.mt.gov/SPB>  
TO PREPARE YOUR SOLICITATION**