



**City of Orlando
Procurement and Contracts Division
SOLICITATION REQUEST FORM**

Date: July 10, 2014	Date Required: July 10, 2014	Date Received in Procurement: Procurement and Contracts Division Use
Using Agency: Orlando Fire Department EMS Division		Assigned Purchasing Agent: Procurement and Contracts Division Use
Cost Center/Project/Grant: OFR0006_C		
Contact Name: Roderick Williams	Contact Title: Deputy Chief	
Contact Phone Number: 407-246-3838	Contact Email Address: Roderick.williams@cityoforlando.net	

Brief Description of Goods/Services Requested: PIGGYBACK ORANGE COUNTY ANNUAL MEDICAL TRANSPORTATION BILLING COLLECTION SERVICES CONTRACT. Y14-158-DG		
Annual Contract: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Estimated Annual Amount (if Annual Contract): \$ 380,000.00	Estimated Amount (One Time Purchase): \$ N/A
One Time Purchase: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Budget Allocation Checked: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Scope/Specification Document Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Vendor List Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Grant Funds: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Grant Documentation Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Division Supervisor Signature: 	Title (Printed) Deputy Chief	Date 7/20/14
Division Manager Signature: 	Title (Printed) FIRE CHIEF	Date 7/21/14

If you need assistance with any part of this form please call (407) 246-2291. Please forward this above completed form with specifications and vendor list to the Procurement and Contracts Division for review and processing.

Note: When solicitation package is created, it will be returned for your final review and signature below.

FINAL SOLICITATION REVIEW AND SIGN-OFF BY DIVISION MANAGER	
The Solicitation package (Bid / RFP # _____ - _____) as prepared by the Procurement and Contracts Division has been reviewed and approved by _____ on the date indicated below:	
(Name of Using Agency)	Date
Authorized Signature	Date