



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

Date: March 3, 2016	Date Required: April 2, 2016	Date Received in Procurement: 03.04.16 Procurement and Contracts Division Use
Using Agency: Fleet & Facilities Management		Assigned Purchasing Agent: Lee Donate Procurement and Contracts Division Use
Contact Name: Jim Fitzpatrick	Contact Title: Vehicle Parts Manager	
Contact Phone Number: 407-246-2336	Contact Email Address: james.fitzpatrick@cityoforlando.net	

DB
03.04.16
3-4-16

Brief Description of Goods/Services Requested: Reestablish Orange County Contract # Y12-111B Cold Air		
Annual Contract: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Estimated Annual Amount (if Annual Contract): \$ 191,000.00	Estimated Amount (One Time Purchase): \$
One Time Purchase: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Budget Allocation Checked: Yes <input type="checkbox"/> No <input type="checkbox"/>	Scope/Specification Document Attached: Yes <input type="checkbox"/> No <input type="checkbox"/>	Vendor List Attached: Yes <input type="checkbox"/> No <input 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) Fleet Manager	Date 3/3/16
Division Manager Signature: 	Title (Printed) Dir. Ops	Date 3/3/16

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 # <u>16 - 0217</u>) as prepared by the Procurement and Contracts Division has been reviewed and approved by _____ on the date indicated below: _____ (Name of Using Agency)	
Authorized Signature _____	Date _____