



City of Orlando
Procurement and Contracts Division
SOLICITATION REQUEST FORM

Date: 8/24/2017	Date Required: ASAP	Date Received in Procurement: <small>Procurement and Contracts Division Use</small>
Using Agency: Orlando Police / IT		Assigned Purchasing Agent: <small>Procurement and Contracts Division Use</small>
Cost Center/Project/Grant: TMD0006_P - IT Security Measures		
Contact Name: Rosa Akhtarkhavari	Contact Title: CIO	
Contact Phone Number: 407-246-2124	Contact Email Address: rosa@cityoforlando.net	

Brief Description of Goods/Services Requested: Audio/Visual Equipment Accessories & Services via National IPA Contract #R160903		
Annual Contract: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Estimated Annual Amount (if Annual Contract): \$ \$650,000	Estimated Amount (One Time Purchase): \$
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"/> N/A	Vendor List Attached: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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: <i>Mark Pan</i>	Title (Printed) <i>Client Support Svc Mgr.</i>	Date 8-24-2017
Division Manager Signature:	Title (Printed)	Date

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: <small>(Name of Using Agency)</small>	
Authorized Signature _____	Date _____