

**MONTGOMERY COUNTY PUBLIC SCHOOLS****CONTRACT REVIEW FORM**

Division of Procurement  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

**GENERAL INSTRUCTIONS**

Complete this form in its entirety and obtain all applicable signatures prior to the start of work or services. Submit the completed form and necessary documents via email to [ContractSolicitationRequest@mcpsmd.org](mailto:ContractSolicitationRequest@mcpsmd.org). The contract administrator in the Division of Procurement will contact you regarding next steps.

**REQUESTER INFORMATION**

Requester's Name: \_\_\_\_\_ Requester's Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Vendor's Name: \_\_\_\_\_ Contract Term: MM/DD/YY to MM/DD/YY  
Short Description of Contract: \_\_\_\_\_

**CONTRACT INFORMATION**

- Fiscal year(s) services to be delivered: \_\_\_\_\_
- Select one:
  - New Professional Services Agreement (PSA) – *data sharing included*
  - New Memorandum of Understanding (MOU) Agreement – *limited data sharing (no student data)*
  - Amendment or Renewal of PSA or MOU (*Provide copy of existing agreement and amendment(s)*)
  - Request for New RFP (over \$25,000)
- Funding source that will cover the services (select one):
  - Local Funds (General Fund)  
Account # 01 - \_\_\_\_\_ -000000-0000-00
  - Grant Funds (Restricted Fund)  
Grant Title: \_\_\_\_\_  
Account # 02 - \_\_\_\_\_ -0000-00
- Projected value of the contract: \$ \_\_\_\_\_  
*Note: If the value is greater than or equal to \$7,500, three quotes are required, and if the value is greater than or equal to \$25,000, formal solicitation and Board of Education approval are required.*
- What procurement method will be used to purchase the services (select one)?
  - Justification - Complete and attach [MCPS Form 235-3, Justification](#)
  - Request for Purchase (RFP)/Invitation for Bid (IFB) # \_\_\_\_\_ (*provide number if renewal or extension*)
  - Bridge \_\_\_\_\_ (*provide number and title*)*Note: To bridge a contract, the desired vendor must be awarded through a formal competition for the same scope of services by a lead agency that allows for cooperative purchasing.*

**FUNDING VERIFICATION** (*Please obtain the following signatures prior to submission*)**Budget Specialist**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Comments: \_\_\_\_\_

**APPROVAL SIGNATURES:** (*Please obtain the following signature prior to submission*)**Director/Supervisor**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Associate Superintendent** (*if applicable*)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Chief** (*if applicable*)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Deputy Superintendent/Chief Operating Officer** (*only for contracts greater than or equal to \$25,000*)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_