



**OFFICE OF MANAGEMENT AND BUDGET**  
**Government Support Services**  
**100 Enterprise Place, Suite 4**  
**Dover, Delaware 19904**

**Cooperative Request Questionnaire and Approval Form**

The contracting unit within Government Support Services manages all statewide contracts for goods and services, and administers agency contracts as requested. This team is the State of Delaware's central contracting unit that acts on behalf of State agencies, local government units, authorized volunteer fire companies, and School Districts.

29 Del. C., §6933 and §6987 permits the central team, or by temporary approval to an agency, to purchase materiel and/or services from an existing cooperative contract with the written approval of the Director of Government Support Services.

In order to effectively evaluate an agency request to purchase materiel and/or services from an awarded cooperative contract, the Director must ensure that all applicable bid laws and applicable policies are followed. To ensure compliance, the following questions must be satisfactorily answered by the agency before approval will be considered:

- 1) What is the good or services that you are attempting to procure?
  
  
  
  
  
  
  
  
  
  
- 2) After reviewing the State of Delaware awarded contract website, do any vendor or vendors on contract sell the item or services you need, even if it is not a contract item?
  - If yes, why is the existing contract not suitable?
  
  
  
  
  
  
  
  
  
  
- 3) What cooperative contract award are you attempting to utilize? Please provide link to original RFP and award documentation.

(Or, attach RFP and award document(s) to this form).

4) Does the vendor selected have more than one cooperative contract to utilize? If yes, please identify what other cooperatives exist, if known.

5) How much is the anticipated dollar spend on the requested item, commodity and/or service?

6) Is this product being redistributed to other entities? If yes, who, why, and are you being reimbursed from those entities for this purchase?

7) For this contract, who is your state agency contact?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

8) What is the cooperative contract entity and contact?

Cooperative Name: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

9) Who is the awarded cooperative vendor contact?

Vendor: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

10) If there is a non-compliance issue, who do you contact?

At the vendor? \_\_\_\_\_

At the cooperative? \_\_\_\_\_

11) Is this an on-going need/solution or a one-time purchase?

12) What is the reason for using a cooperative contract solution as opposed to completing a formal bid process through your agency or the Government Support Services' Contracting Unit?

13) Identify any specific terms or conditions required by the funding stream for this purchase (i.e. Grant stipulations). Please provide a copy of the stipulations as an attachment.

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**Requirement to publish on My Marketplace website**

Should the approval be given to utilize the cooperative contract, the agency shall make available all documents to publish the use of the award on GSS' My Marketplace Awarded Contract Directory. Documents include at a minimum, the original RFP, including bid addenda, an award notice, pricing and any agency amendments to the cooperative award.

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**Cooperative Contract Approval Form**

Commodity or Service: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

\_\_\_\_\_

EI #: \_\_\_\_\_

Contract Number: \_\_\_\_\_

\_\_\_\_\_  
Agency Contact Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
GSS Director/Designee Signature

\_\_\_\_\_  
Date

- Approved
- Disapproved

**For GSS Review Only**

Does this Contract **impact ANY of the following Departments, Guidelines or Policies?**  
(check all the apply)

**DTI** – Technology Related – Requires Terms and Conditions, Data Confidentiality and a Business Case (BC)

Has the initial BC been approved?

YES

NO

Cyber Liability Insurance required?

YES

NO

Is BC waived or DTI oversight not required?

YES

NO

**Keep BC, insurance and/or waiver copy in contract support file**

PHRST – Protected Health or Personally Identifiable Information will be transmitted and/or stored by Vendor – Requires separate Business Associate Agreement (BAA)

BDPA – Enterprise Wide or Strategic Agency Solution with Expenses that may affect Budgets

ACA – Affordable Care Act (i.e. Temporary Employment Contracts and/or Contract Personnel)

**ARCHITECTURE & ENGINEERING**

**AUDIT**

**LEGAL**

Was original solicitation competitively bid?

YES

NO

Should contract use be aggregated?

YES

NO

If yes, what other agencies? \_\_\_\_\_

Has cooperative approved use of award?

YES

NO

Price list and award structure has been obtained?

YES

NO

What is administrative fee for use? \_\_\_\_\_

**Who will manage new contract award?**

Requesting Agency

GSS

**Is this recommended for approval?**

YES

NO

GSS Reviewer \_\_\_\_\_

Date