

## GSA Request Questionnaire and Approval Form

The Contracting unit within Government Support Services manages all statewide contracts for goods and nonprofessional 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., §6935 permits an agency to purchase materiel and 29 Del. C., §6988 permits an agency to purchase professional services from an existing federal contract vendor approved by the General Services Administration. These statutes permit that "The Director [Office of Management and Budget]" may enter into negotiations with various manufacturers or distributors and award contracts which will enable agencies and local governments to purchase materiel or professional services at prices approved by the General Services Administration of the United States government or its successor.

In order to effectively evaluate an agency request to purchase materiel from a GSA approved manufacturer or distributor, the Director must ensure that all applicable bid laws are followed and negotiations have occurred. To ensure compliance, the following questions must be satisfactorily answered by the agency before approval will be considered:

- 1) Have you checked the State of Delaware websites to determine if any vendor or vendors on contract sell the item you need even if it is not a contract item? \_\_\_\_\_  
If yes, what was the result?
  
- 2) Does more than one GSA vendor sell the item? \_\_\_\_\_

Please provide a print out of the GSA website for the commodity you have selected listing all approved GSA vendors.



**GOVERNMENT SUPPORT SERVICES – CONTRACTING**

600A SOUTH BAY ROAD – DOVER, DE 19901

PHONE: (302) 857-4550 – FAX: (302) 739-3779 – GSS.OMB.DELAWARE.GOV

8.4.2023

3) Please provide three formal quotes from other vendors (GSA or Non GSA) to compare with the GSA vendor you have selected. Why have you selected the vendor you have chosen?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) How much is the dollar spend on the requested item, commodity, or service?

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

6) For this purchase, who is your state agency contact?

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

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

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

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

7) Who is the GSA agency contact?

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

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

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

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

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

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

Who is the State Agency contact? \_\_\_\_\_

9) Is this a one-time purchase or are you requesting an approval to purchase more than one time?

\_\_\_\_\_

If it is for more than a one-time purchase, what is the end date of the approval requested?

\_\_\_\_\_

Why?

10) What is the reason for using a GSA approved vendor as opposed to completing a formal bid process through your agency or the Government Support Services Contracting Unit?

11) 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.

## GSA Request Approval Form

Commodity: \_\_\_\_\_

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

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

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

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

Quantity Ordered/ Anticipated Spend from agency on this item:

Quantity Ordered: \_\_\_\_\_

Anticipated Spend: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
OMB Director/Designee Signature

\_\_\_\_\_  
Date

Approved  
Disapproved



**GOVERNMENT SUPPORT SERVICES – CONTRACTING**

600A SOUTH BAY ROAD – DOVER, DE. 19901  
PHONE: (302) 857-4550 – FAX: (302) 739-3779 – GSS.OMB.DELAWARE.GOV

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](#)

Should contract use be aggregated?  YES  NO  
If yes, what other agencies? \_\_\_\_\_  
\_\_\_\_\_

Who will manage new contract award?  Requesting Agency  GSS  
Is this recommended for approval?  YES  NO

GSS Reviewer/Date \_\_\_\_\_