

Request Form for Entry into a Pre Existing Prequalification Pool

Name of Pool (ex: BCI, Grant Evaluator/Writer) _____

Department Name: _____

Contact Name: _____ Phone Number: _____

Email: _____ Date: _____

Vendor Name: _____ Vendor Contact: _____

Vendor Phone #: _____ Vendor Email: _____

Does the vendor meet requirements? _____

Description of course(s) or service(s) provided:

Estimated Dollar Amount: \$ _____

How will instruction/services be billed (i.e. hourly rate, project quotes, each/unit price, project agreements)? _____

Will this BPO be used for reimbursement of meals, travel and materials?

Funding Source: _____
(i.e. General Fund, M & R, Grant...)

FOAPAL: _____

BPO Effective Period: One Year Multi Year _____

Contract Administrator _____

Provide any time constraints, issues or concerns.

Will this BPO be used by more than one department? Yes No

If yes list departments: _____

Administrators Signature

Date

Type/Print Name

Complete form, sign and email to Purchasing at wittd@lcc.edu, and fs-purchasing@lcc.edu or mail to 7130-Purchasing

By signing this form you are stating that the vendor meets the requirements of RFP # _____ to provide instruction/services for the _____ Department.

This form does not replace the renewal form for existing BPO's.

Purchasing comments/notes: _____

BPO #: _____