

## REQUEST FOR NEW SOLICITATION – INTAKE FORM

This form is used to collect the necessary information to start the solicitation process.

Please complete the form to the best of your ability to make this process as efficient as possible and be ready to answer any questions that may come up. This form should be used when anticipated purchases of goods or services, including the entire term of those services, might exceed \$99,999. *Incomplete forms may be returned for further input.*



UNIVERSITY  
OF WYOMING

Procurement and  
Payment Services

### INSTRUCTIONS

- Step 1: Save with the Project Title name in the file name, close this form, and open the downloaded form to continue.
- Step 2: **Do not print this form. Complete electronically in Adobe** and save with changes. Handwritten forms will not be accepted.
- Step 3: Email completed form along with supporting quote/proposal to [procurement@uwyo.edu](mailto:procurement@uwyo.edu) for review.

**If any services have already been provided for this new purchase, please email [procurement@uwyo.edu](mailto:procurement@uwyo.edu) before moving forward with this form.**

Date \_\_\_\_\_ Department/College Name \_\_\_\_\_

Project Title \_\_\_\_\_ Requestor \_\_\_\_\_

Project Location \_\_\_\_\_ Email \_\_\_\_\_

Multi-year funding      Yes      No      Phone \_\_\_\_\_

Board of Trustee approval required      Yes      No      Unsure

#### GL Charge Accounts

*Entity - Account - Fund Class - Fund Source - Org - Exp Class - Program - Activity - Future - \$ Amount*

Project Numbers - *If you are unsure if this purchase is allowable under this funding, please contact the Office of Sponsored Programs (OSP).*

*Project - Org - Exp Type - Task - \$ Amount*

Will any Federal funds be used to pay for this purchase?      Yes      No

Budget: Total Estimated Cost (Include Entire Term of Contract if Applicable) \_\_\_\_\_

Is this a one-time purchase or recurring?      one-time      recurring  
If recurring, desired contract length \_\_\_\_\_

Will this be awarded to one or multiple suppliers?      one supplier      multiple suppliers

What is the desired good/service?

Who will use this good/service and where?

Why is the good/service needed?

When is the good/service needed? If a service, what is the desired term of use?

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**BACKGROUND AND/OR OVERVIEW** – Include information regarding the background of this project and the University, as relevant.

**PROJECT OBJECTIVE** – Provide a brief discussion of the project objectives.

**PROJECT GOALS** – Describe the goals for this project. This might include a timeline.

Has this good/service been solicited by the University previously?	Yes	No	Unsure
Would this purchase create a supplier lock-in, sole source dependency, or possibly limit our ability in using other suppliers for future related purchases of goods or services?		Yes	No
Is technology, software, or integration processes involved with this purchase?		Yes	No
<ul style="list-style-type: none"><li>• If yes, has UW IT reviewed and approved this purchase?<ul style="list-style-type: none"><li>○ If no, please obtain approval before continuing with this form.</li></ul></li></ul>		Yes	No
Does this purchase involve any alteration to university buildings or facilities?		Yes	No
<ul style="list-style-type: none"><li>• If yes, has UW Operations reviewed and approved this purchase?<ul style="list-style-type: none"><li>○ If no, please obtain approval before continuing with this form.</li></ul></li></ul>		Yes	No
Will this good/service work in conjunction with or impact any other departments?		Yes	No

Provide details and indicate who from those departments need to be involved with this solicitation:

Details

Individual \_\_\_\_\_ Department/College \_\_\_\_\_

Individual \_\_\_\_\_ Department/College \_\_\_\_\_

Individual \_\_\_\_\_ Department/College \_\_\_\_\_

Supplier names and emails for Special Notification through BidNet:

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**GOODS** - Provide preferred make and model number if available.

Provide specifications for goods desired and describe any associated work/service/installation that you want the supplier to provide. Outline as much detail as you can (Include make, model, etc. if applicable).

Will substitute items be considered?            Yes            No

If not, are multiple suppliers able to sell this item?            Yes            No

Include desired quantities or anticipated usage.

- *The deciding factor of evaluation for bids will be price, but other factors considered may include pass/fail requirements such as minimum qualifications of supplier, compliance to specifications, completeness of response, etc.*

**SERVICES** – List any minimum experience, qualifications, or certifications that will be required from suppliers.

Are these services currently being provided to the University?            Yes            No

What supplier is the contract with (Incumbent)? \_\_\_\_\_

Proposals may be evaluated based on a number of criteria. Cost must be a factor. Below are sample criteria that cover many RFPs; update as needed specific to your project. *Weights must total 100.*

<u>Example</u>	<u>Weight</u>	<u>Criteria</u>
Company and Personnel Qualification weight..... 35%	_____ %	_____
Value/Cost of Efforts weight ..... 25%	_____ %	_____
Approach to Scope of Work weight ..... 20%	_____ %	_____
Documented Past Performance weight ..... 10%	_____ %	_____
Support and Training weight..... 5%	_____ %	_____
Implementation Timeline weight..... 5%	_____ %	_____
100%	_____ %	total percentage

**Scope of Work** – In a separate document and in your own words, provide a detailed scope of the work required, technical specifications or service requirements involved. Include background and existing conditions. Deliverables should be clearly defined. If any changes to previous contracts for these services have been made, consider including those up front in this solicitation.

\* Attach all documentation of research and communications with other suppliers when submitting this form.

**Evaluation Committee Members** - Provide three to five committee members that will commit to being at all evaluation meetings and to completing the individual evaluations on time.

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

How many days are preferred to complete the individual evaluations assuming there are 5-10 responses? \_\_\_\_\_

Do you anticipate the need for interviews/demonstrations  
from a short-list of suppliers after the initial evaluation?                      Yes                      No

**Technical Advisors (If applicable for software or integration involved.)**

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

**Additional Information** – Provide any information that is not already covered in this form that you feel is important to this process or purchase.

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**ATTACHMENTS** – check all that apply

Scope of Work

Other important information

Specifications

Existing contract for current services