

PLEASE ATTACH YOUR DGS SMALL BUSINESS RESERVE LIST
TO OBTAIN, VISIT THE INTERNET SITE AT
<https://www.smallbusinessreserve.maryland.gov/>

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF PROCUREMENT AND SUPPORT SERVICES
SMALL BUSINESS RESERVE
EXEMPTION SOLICITATION REVIEW AND APPROVAL FORM

ADPICS/OPASS# & Description of

Service: _____

Solicitation: _____ **Sole Source:** _____

Dollar Amount: _____

Administration: _____

Contact: _____ **Phone:** _____

JUSTIFICATION FOR EXEMPTION REQUEST:

Your justification factors should include available SBR vendors certified by the DGS to perform the task for which you are soliciting.

RECOMMENDATION:

_____ **Approved as submitted.**

_____ **Denied:**

_____ **Stated justification is insufficient. Recommended** _____

_____ **Failure to include justification.**

_____ **Other (see comments)**

Date Reviewed by OPASS Small Business Reserve Review Group: _____

Director of OPASS: _____ **Date:** _____

SBR Review Group Member: _____ **Date:** _____

(Created 10/1/04)

