

# Purchasing Request Form SOP



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# Purchasing Request Form SOP

*This form is for the purchase of goods/services & contractual agreements.*

## Purpose of this Form

The Purchasing Request Form has been developed to align with the Indiana Department of Administration guidelines, including recent changes driven by Senate Bill 5, which emphasizes state contract accountability and fiscal efficiency. The form also establishes a streamlined and consistent process to help programs navigate applicable procurement methods, enabling smarter, more efficient purchasing, while maintaining compliance with state requirements.

## Senate Bill 5 Summary

Senate Bill 5 (SB 5) strengthens transparency, oversight, and accountability in state contracting and procurement practices. The bill limits the use of noncompetitive and nonpublic contracts and reinforces competitive procurement as the standard approach for state agencies.

Key changes affecting special procurement requests include stricter limitations on sole-source and no-bid contracts, allowing exceptions only under clearly defined circumstances such as emergencies or statutory exemptions. Agencies must publicly post Requests for Proposals (RFPs) or Requests for Quotations (RFQs) in advance of contract awards, increasing visibility and competition. SB 5 also expands reporting and oversight requirements for higher-value contracts and significant amendments, including extensions and cost increases. Certain contracts and amendments must be reported to or reviewed by the appropriate budget or oversight committees before execution.

Overall, SB 5 reduces flexibility for special procurement requests, increases documentation and public disclosure requirements, and reinforces accountability in state purchasing decisions.

## Completing the Form

\*Incomplete/Incorrect information on the form will cause a delay in the process and possibly lead to a request for resubmission\*

### Form Section: Overview

This section is gathering information on the department/individual submitting the request.

**Requestor Name:** The individual working on the purchase request.

**Department:** The name of the Department requesting the purchase.

**Does this request involve IT or data?** This will help the Triage team bring in the necessary team to work together to make a decision best aligned for this request.

**Is this request related to the Rural Health Transformation initiatives?** If the request is using the grant funding related to the RHT program, or to help any of the initiatives for this program, you will select 'Yes'. If it is not, please select 'No'.

**Is this a high priority request?** This is where you can let the Triage team know if this is a high priority request or not. Please note, this should only be checked 'Yes' in emergencies.

**Please provide justification of why this is a high priority request.** If it is high priority, a box will then pop up where you can state why it is immediate and what would happen if not handled immediately.

### Form Section: Request Details

This section is gathering information on the request itself which will give the Triage team a better idea of how to move forward.

**What type of Request is this?** This is where you will select the type of purchase you are requesting. This could be a new purchase request, a revenue generating agreement or zero-dollar agreement, or a change order for a current project with CAI.

- If renewing a current agreement, please select 'New purchase request'.

**What is the timeline for these goods/services?** This is the timeframe of the good/service you are wanting to purchase.

- If this is a service that is needed repeatedly every year, please select 'More than 1 year' so the Triage team can find the best way to move forward with a multi-year agreement.

**What is the estimated amount of your request?** This is the estimated amount of the goods/services being requested.

### Form Section: Vendor Information – Purchases \$4,999 & Under

Purchases \$4,999 and under do not require a procurement method, so this section will gather the vendor information of who you are wanting to purchase the goods/services from.

- If you do not have a vendor selected, please contact [ASTultz@health.in.gov](mailto:ASTultz@health.in.gov) and we will work to find a vendor.

### Form Section: Vendor Information

This section gathers what the Triage team will need to know about who we can purchase the goods/service from.

**Is this good/service only provided by ONE vendor based on compatibility?** This question is asking if the goods/services being requested are only available through one vendor based on compatibility.

- **Selecting 'Yes' even though other vendors can provide the good/service will lead to a resubmission request from the Triage team.**
- **If selected 'Yes', the following boxes will then pop up for you to complete: Vendor Name, Tax ID #, and please explain what happens if we do not go with this vendor.**

**Vendor Name/Tax ID #/Email Address:** This information will be necessary if the route of an RFQ is chosen. Please provide the full name of the vendor. If they also have an acronym, that can be included in parenthesis after the full name. The Tax ID # is provided by the vendor & is necessary to have when finding the correct bidder ID/supplier ID #'s. It is also needed to run clearance checks. An email address for a vendor contact should also be listed. **Not including all 3 things will result in a resubmission request from the Triage team.**

- For help with finding vendor information, please feel free to reach out to [ASTultz@health.in.gov](mailto:ASTultz@health.in.gov).
- One vendor must be Minority Owned/Women Owned/Veteran Owned, you can find registered vendors at the Excel on this link:  
<https://www.in.gov/idoa/mwbe/minority-and-womens-business-enterprises/certified-business-search/>

## Form Section: Background Information

This section will collect information if there has previously been an agreement for these goods/services. This will give the Triage team an idea of how this has been previously done. If these are new goods/services, please continue past this section.

**Current Contract Number:** This is the SCM # for the agreement. If there is not one, please leave blank.

**Current Contract Expiration Date:** This is the current date the contract is set to expire on. If there is not a current contract, please leave blank.

### **Was this originally chosen via special procurement request?**

## Form Section: Funding Information

This section will gather the funding information so that the Procurement team has this information ready to create a requisition. For any questions on funding information, please reach out to your financial analyst or accountant. If you are not sure who that is, please reach out to [AStultz@health.in.gov](mailto:AStultz@health.in.gov) for that information.

**Fund:** This is what fund the money will pull from.

**Program Code:** This is based on what program is requesting the purchase.

**Department Code:** This is based on what department is requesting the purchase.

**Project Code/Activity Code:** If using federal funds, a project and activity code will be needed!

## Form Section: CAI Change Order

This section is for areas who already have a work order with CAI and are needing to request changes.

**Is the scope changing/additional deliverables being added?** If there any changes to the current scope outlined on the work order between IDOH/IDOA/CAI/Vendor, please select 'Yes'. If not, select 'No'.

**Additional Amount Needed:** This is the amount that is needing added.

**Current PO #:** This is the current purchase order being used to pay CAI for the project.

## Form Section: Attachments/Additional Information

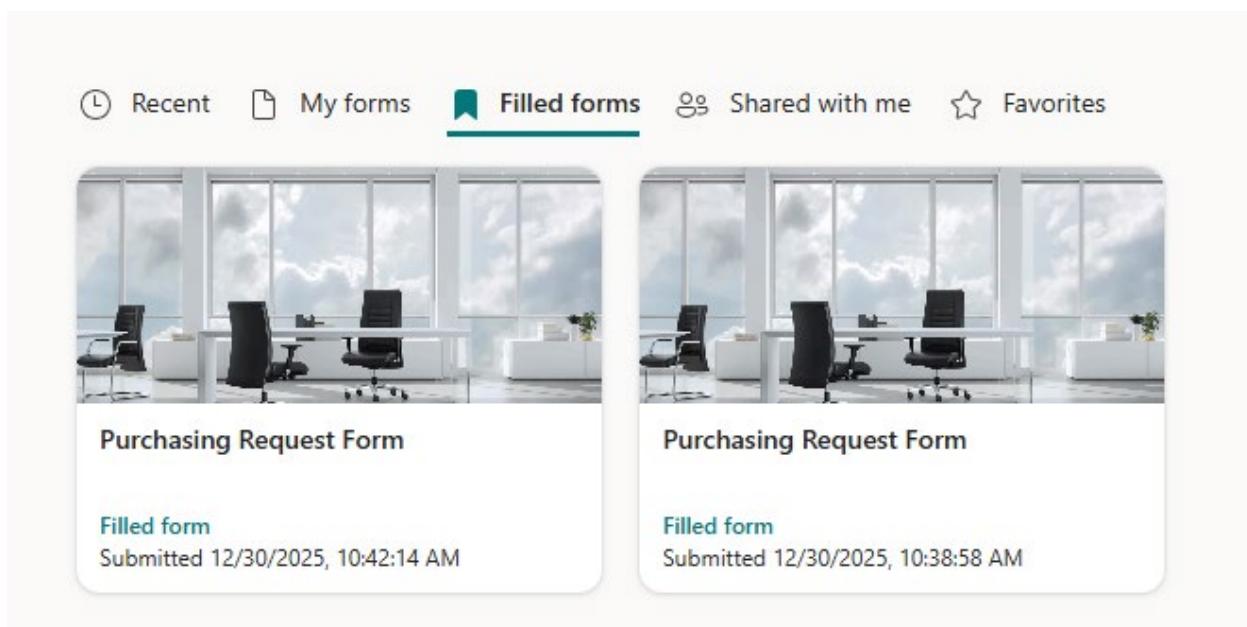
This section is where you can include any additional information, attachments, etc. for the IDOH Triage team to review to help with their decision making. You also will need to attach a Scope of Work to this section that outlines the goods/services being provided. *(For help on Scopes of Work, please see the SOW Template).*

## Submitting the Form

Once the form is complete, click the Submit button. You will then be prompted with a 'Thank You' message, which means your request has been submitted for review.

➤ **Under the message there is an option to save your response! This will save in your Forms under 'Filled forms'.**

- If it doesn't, please feel free to reach out to [AStultz@health.in.gov](mailto:AStultz@health.in.gov) for a copy.



## After Form Submission

The IDOH Triage team will review the information provided in the form. They will email the requestor if more information is needed or if any questions arise. If the Triage team has what they need, they will meet to discuss best next steps. Once decided, an email will be sent to the requester with advice on next steps. **No steps will be taken without acknowledgement from the program area first!**