



COMPLEX PROCUREMENT REQUEST

FORM MUST BE COMPLETED IN ITS ENTIRETY

Request Name: _____

Department Name: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Description:

Planned Start Date: _____

Finish Date: _____

Expected Contract Start Date: _____

Expected Contract Term: _____ year(s)

Budget: \$ _____

Compliance:

**Supporting Documentation
Required*

- Regulatory
- Company Policy
- None Impacted

Department

Internal Experience:

- High- Multiple Prior Projects
- Medium- Limited Experience
- Low- Never Done Before

Campuses Impacted:

- One campus
- Multiple Campuses
- Enterprise Wide

Campus:

- LSUAM
- LSUAG
- LSUPBRC
- LSUS
- LSUA
- LSUE
- LSUHSCNO
- LSUHSCS
- LSUHSCD

Strategic Alignment:

(select all that apply)

- Advancing Arts and Culture
- Bridging the Coast, Energy and Environment
- Fostering Research and Catalyzing Economic Development
- Improving Health and Wellbeing
- Transforming Education
- Developing Leaders
- Encouraging Career Excellence and Enrichment
- Supporting Student Success

***This form MUST be accompanied with specifications and other supporting documentation.**



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Proposed Supplier(s):

Procurement Method:
 SFO (106-174 days)
 RFP (106-174 days)
 RFQQ (106-174 days)
 ITB (31-58 days)

Prior Contract /PO # : _____ **Exp. Date:** _____ **Renewal Options:** Yes No
(if applicable)

Bid Request:
 New
 Re-bid

Cost Savings/Rev Increase:
 None \$100K-\$249.9K
 < \$10K \$250K-\$999.9K
 \$10K-\$99.9K >\$1M

Business Objective:

Master Contract/Cooperative: Yes
 No

If, Yes: _____

Request Name	Identify the title of the project.
Department Name	Provide the name of the department submitting the request.
Contact Name	Provide department’s primary point of contact for the project.
Contact Phone	Provide primary point of contact’s phone number.
Contact Email	Provide primary point of contact’s email.
Description	Give a brief description of what the project entails or the scope of the project.
Planned Start Date	Expected date to begin working on the project.
Finish Date	Date in which the procurement process is complete.
Expected Contract Start Date	Date in which the contract will be in effect. <i>(This date should be a later date than the finish date associated with the Daptiv project.)</i>
Budget	All-inclusive first year cost.
Expected Term of Contract	Give, in years, the expected length of the contract.
Compliance	Select whether or not the project is: <ul style="list-style-type: none"> • Regulatory - procedures established by federal, state, and local administrative agencies • University Policy – University recognized policies and procedures • None Impacted
Department Internal Experience	Indicate if the department has completed a similar project.
Campuses Impacted	Identify if multiple campuses are included in this project.
Campus	Identify those campuses included in the scope of this project.
Strategic Alignment	Mark the strategic alignment(s) that is applicable to this project.

KEY METRICS:

- Advancing Arts and Culture
- Bridging the Coast, Energy and Environment
- Fostering Research and Catalyzing Economic Development
- Improving Health and Wellbeing
- Transforming Education
- Developing Leaders
- Encouraging Career Excellence and Enrichment
- Supporting Student Success

Proposed Supplier(s) Provide the name of the supplier(s) associated with the project.

Procurement Method	Identify the appropriate Method of Procurement (SFO, RFP, ITB, RFQQ).
Prior Contract/PO #	Submit the existing contract or prior Purchase Order number along with the date of expiration. <i>(If applicable)</i>
Renewal Options	Identify if there are renewal options available.
Bid Request	Identify whether or not this is a “New Bid” or “Rebid”.
Cost Savings/Rev. Increase	Identify the price range that reflects the total savings or revenue that the completion of this project will bring into the University.
Business Objective	Identify how this project will align with the University’s Strategic Plan.
Master Contract/Cooperative	Indicate if there is a Master Contract or a Cooperative available for this project. If, Yes: Provide the supplier name and which cooperative they are associated with.