

Procurement Council Single Source Reporting

Demographics

1. Please provide the following agency information:

Name of Agency:

Agency Code:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Date:

2. Please provide the following Agency Contact Information for the person completing the survey:

Name:

Title:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Email Address:

Phone Number:

3. Were single source contracts awarded by this agency?

- Yes No

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Specific Single Source Information

4. Total number of Single Source Contracts awarded for preceding April to March annual period.

5. Total dollar value of Single Source Contracts awarded for preceding April to March annual period.

6. Percentage (%) of the number of Single Source Contracts awarded for preceding April to March annual period in comparison to total number of all agency contracts awarded in such period.

7. Percentage (%) of the dollar value of Single Source Contracts awarded for preceding April to March annual period in comparison to total dollar value of all agency contracts awarded in such period.

8. Please provide an assessment of your agency's efforts to minimize the award of single source: