

## ***Instructions for Completing the Request for Procurement Action Form***

1. Please complete and submit this form if none of the exceptions shown below in Item 2 applies, and:
  - a. You are buying a good or general service (where advice is not part of scope) valued over the current **bid limit** (See this website for the current bid limit: <https://www.cde.ca.gov/fg/ac/co/bidthreshold2025.asp>); or
  - b. Each of the following is true:
    - i. You are buying professional service (where advice is part of the scope) and
    - ii. The value of your purchase is more than \$25,000, and
    - iii. The District does not already have a contract for what you're buying; or
  - c. A purchase order has been sent to the vendor, but now should be modified; or
  - d. You want to make changes (including exercising an option) to a contract already in place.
2. No RFPA is required for any of the following "exceptions":
  - a. To amend a warehouse ("stock") contract, or
  - b. To adjust capacity among contract records in SAP, if the adjustment was previously approved by the Board.

### **Section I**

Under "Brief Description of Request," very briefly describe either:

- a. The nature of goods or services being requested if this is a new request for goods or services,
- b. The way you would like to see the contract in question changed if you are requesting a contract amendment,
- c. The way you would like to see the purchase order in question changed if you are requesting a modification to a purchase order or
- d. The nature of your request if it is other than the options shown in Section II.

### **Section II**

Please note that requests for Professional Development ("PD") using General Funds may require additional approval.

### **Section III**

Indicate here under "Start Date" and "(New) End Date" either:

- a. The dates on which you would like your new contract to start and end if yours is a request for a new contract or
- b. The original start date and the requested new end date if yours is a request to change the contract term.

If you are not asking that the contract expiration date be changed, just put "N/A" in the "(New) End Date" field.

Enter total amount for new contracts. For amendments, only fill in an amount in the "Amount (Not to Exceed)" field if you want to increase or decrease the contract amount. Show the amount by which you want to decrease the contract value either with a minus sign (-) or words to the effect of "reduce by."

### **Section IV**

Please answer the funding questions shown.

### **Section V**

Please select the one Superintendent's Strategic Plan Pillars with which your requested procurement action is most closely aligned.

### **Section VI**

Please answer the question that asks, "Will vendor provide services/products on school campus?" Otherwise, you need only complete this section if:

- a. Yours is a new request for professional services (consulting services where the vendor gives advice—e.g., business consultant, accountant, professional development) and
- b. You would like to recommend one vendor, in particular, to provide the services.

### **Section VII**

Please check the questions for which your response is "yes."

### **Section VIII**

Approval signatures are required. For school sites, obtain Principal and Region Superintendent signatures. For offices, obtain Division Head and Cabinet Member signatures. Budget approval is required for all requests except no-cost agreements. Note: some transactions require special approvals, such as for State-adopted textbooks.

### **Section IX**

Find the list of documents that should accompany your RFPA in the Procurement Manual posted here: <http://achieve.lausd.net/psd>.

# Request for Procurement Action (RFPA)



PSD Use Only: Contract/RFP/IFB No: \_\_\_\_\_ Amendment No: \_\_\_\_\_

Please read the instructions on page 1 and complete all information.

## Section I: Client/Contract Sponsor

School/Office: \_\_\_\_\_ Cost Center: \_\_\_\_\_ Local District: \_\_\_\_\_ Shopping Cart No.: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Brief Description of Request: \_\_\_\_\_

## Section II: Action Requested:

- ☐ 1. New Request to Purchase Goods or Services  
☐ 2. Amend (Modify) Contract [Contract # \_\_\_\_\_]  
☐ 3. Exercise Renewal Option [Contract # \_\_\_\_\_]  
☐ 4. Add Funds Only [P.O. #: \_\_\_\_\_]  
Example: fund an additional year of a multi-year contract  
☐ 5. No-cost MOU  
☐ 6. Other (describe: \_\_\_\_\_)

## Section III: Contract Term and Value:

Contract No. \_\_\_\_\_ (if requesting amendment)

Start Date: \_\_\_\_\_ (New) End Date: \_\_\_\_\_  
(Enter "N/A" if no change to end date.)

Amount (Not to Exceed) \$ \_\_\_\_\_  
(Enter amount of increase/decrease. If No-Cost or Time Extension, only enter "0".)

## Section IV: Funding:

Federally Funded?  
\_\_\_\_\_ No \_\_\_\_\_ Yes  
(If Yes, check if Title I used \_\_\_\_\_)

General Funds?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

Bond-funded?  
\_\_\_\_\_ No \_\_\_\_\_ Yes

Other? Provide funding source and  
percentage allocated to each source:  
\_\_\_\_\_  
\_\_\_\_\_

## Section V: Strategic Plan Pillars (i.e., critical focus areas)

Please select only one (1) of the five (5) Strategic Plan Pillars:

- ☐ Pillar 1: Academic Excellence  
☐ Pillar 2: Joy and Wellness  
☐ Pillar 3: Engagement and Collaboration  
☐ Pillar 4: Operational Effectiveness  
☐ Pillar 5: Investing in Staff

**Section VII: Please check those that apply to your request.** For more information, visit the Procurement Services Division website here: <http://achieve.lausd.net/psd>

√	Where the request is a new request to purchase goods or services, please check those that apply:
	(1) Is this a request for special education for nonpublic schools?
	(2) Does this request otherwise involve the LAUSD as local education agency?
	(3) Is this a request involving an approved state-mandated service provider or a contractor that is named in the grant?*
	(4) Is this a request for a single-sourced contract (i.e., without competition among contractors) for a reason other than those listed in #3 above?*
	(5) Is this for textbooks, other than State Adopted District approved?
	(6) Is this for lease of equipment, vehicles or other personal property?
	(7) Does the request involve contractor access to student or employee data?***
	(8) Does the request increase the contract amount by more than 75% of original value?***

## Section VI: Suggested Vendor Information for Products or Services.

Vendor Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: : \_\_\_\_\_ Email: : \_\_\_\_\_

Non-Profit? \_\_\_\_\_ Yes \_\_\_\_\_ No Public Agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will vendor provide products/services on school campus? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Section VIII: SIGNATURES: For school sites, obtain Principal and Region Superintendent signatures. For offices, obtain Division Head and Cabinet Member signatures. Budget approval must be obtained prior to submittal.**

(Requestor)  
Principal or  
Branch Director: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name & Title)

Region Supt.: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name & Title)

Division Head: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name & Title)

Cabinet Member: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name & Title)

Budget Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Print Name & Title)

\*If this item is checked, a single-source justification memo must accompany the RFPA.  
\*\* If checked, Procurement will ensure that an appropriate data use agreement is effected.  
\*\*\* If checked, a "75% Rule" exception request must accompany the RFPA.

## Section IX: Attachments

Please check the appropriate boxes to indicate which related request documents are attached:

- ☐ 1. Services Statement of Work or Product Specifications\*  
☐ 2. Payment Schedule or Vendor Quote\*  
☐ 3. Single-source Justification Memo (where required)

\*At least these attachments must accompany each new request for goods or services.

To avoid misinterpretation, please use complete words—no acronyms, e.g., “PD” for “Professional Development,” “HPS” for “High Priority School”; no abbreviations, e.g., “Sch” for “School”; and no substitution of symbols in place of words, e.g., “&” for “and,” “@” for “at,” etc.

Further Explanations	
1	Briefly describe the services the vendor will provide. If the vendor was selected from a bench, what was the rationale for selecting this particular vendor?
2	If the requested services have been provided in the past, what were the benefits gained? (for example: increase in graduation rates, decrease in student referrals and/or suspensions, etc.)
3	<p>If the services will be provided to a school, indicate here:</p> <ul style="list-style-type: none"> <li>a. How the school was identified,</li> <li>b. How the staff and/or students who are to receive the services were, or will be, selected; and</li> <li>c. Either: <ul style="list-style-type: none"> <li>i. The number of and type of staff who will benefit or</li> <li>ii. The number and grade-level of students who will benefit.</li> </ul> </li> </ul>
4	Why could this service not be provided by District staff?
5	If the services are for students, are the services to be provided before, during or after school?
6	If this service is provided directly to students, what are the specific criteria that will be used to measure student success/progress (e.g., tutoring service- improve reading/math skills by 1 grade level).
7	Is there a technology component or does the provider use the internet to deliver services? If yes, please submit <b>approved</b> Technology Review Request Form. Download the form here: <a href="https://www.lausd.org/Page/19870">https://www.lausd.org/Page/19870</a>