



# Mayor's Office of Housing and Community Development City & County of San Francisco

## **Form H: Request for Approval of Subcontract and Equipment Purchases [2024-25]**

For all purchases and subcontracting agreements, the **THRESHOLD AMOUNT** is determined by the total amount to be paid using funds from the City and County. All City and County funds used to pay the contract amount, regardless of department, are used in this calculation.

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### **FOR GENERAL AND PROFESSIONAL SERVICES, EQUIPMENT, IT AND DIGITAL SERVICES**

#### **Amount of purchase is up to \$20,000.00**

- Prior approval of Program Officer is NOT required
- No Formal or Informal Bidding is required if management determines that the price is reasonable
- Do not submit Form H

#### **Amount of purchase is more than \$20,000.00 and up to \$200,000.00 - INFORMAL BIDDING REQUIRED**

- Prior approval of Program Officer is required
- Obtain at least three quotes from different sources. If you are unable to get three quotes, provide an explanation. The only allowable reason is that your equipment or service needs are so rare that only one or two businesses could provide them.
- Record the names, phone numbers, and prices quoted for each business that submits a quote.
- Compare the quotes and select. Document your selection process. If you reject the lowest quote or if the lowest quote withdraws from the process, provide an explanation.
- Make a good faith effort to include minority and/or women-owned businesses. Follow the Good Faith Effort Instructions below to help you through this process
- Complete Form H and a copy of the contract to Program Officer for approval.

#### **Amount of purchase exceeds \$200,000 – FORMAL BIDDING REQUIRED**

- Prior approval of Program Officer is required.
- Advertise your needs by placing an Invitation for Bid (IFB) in a citywide newspaper and in the City's Purchasing Department newsletter. Follow the Advertisement Instructions below to help you through this process.
- Make a good faith effort to include minority and/or women-owned businesses. Follow the Good Faith Effort Instructions below to help you through this process.
- Obtain at least three quotes from different sources. If you are unable to get three quotes, provide an explanation. The only allowable reason is that your equipment or service needs are so rare that only one or two businesses could provide them.
- Record the names, phone numbers, and prices quoted for each business that submits a quote.
- Compare the quotes and select. Document your selection process. If you reject the lowest quote or if the lowest quote withdraws from the process, provide an explanation.
- Complete Form H. Submit it, a copy of the three (3) lowest quotes in writing, a copy of the contract and a copy of the IFB to Program Officer for approval.

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### **INSTRUCTIONS FOR ADVERTISEMENTS**

To ensure fair and open competition, widely advertise your equipment and service needs so that businesses can submit quotes to you. Place an Invitation for Bid (IFB) in a widely circulated newspaper. Sample IFB wording is: "Notice is given that (**YOUR AGENCY**) is seeking (**EQUIPMENT OR SERVICE**). Submit a written quote to (**ADDRESS**) by (**DATE AND TIME**). Inquiries can be made to (**CONTACT PERSON**) at (**PHONE NUMBER**)." Also, advertise in the City's Purchasing Department Newsletter. To do this, complete Form I: "Bids and Contracts" and return it to the Purchasing Department by email or fax.

### **GOOD FAITH EFFORT INSTRUCTIONS**

#### **Outreach to minority and women-owned businesses**

Good faith efforts shall be made by Grantee Corporation to utilize women and/or minority-owned business enterprises for sources of supplies and professional services. Instructions on complying with the Good Faith Efforts requirements can be obtained from the Gloria Woo, Director of Data, Evaluation and Compliance, at [Gloria.woo@sfgov.org](mailto:Gloria.woo@sfgov.org). When spending \$200,000.00 or more, provide these businesses with written technical requirements of your needs and request them to submit a quote. Also, eliminate unnecessary requirements or other barriers that prevent these businesses from competing, (for example: don't require unreasonably high liability insurance for small projects.)

**If you have questions, contact your Program Officer**



# Mayor's Office of Housing and Community Development City & County of San Francisco

## Form H Request for Approval of Subcontract and Equipment Purchase [2024-25] Follow the instructions to Form H before proceeding.

Agency name \_\_\_\_\_ Program year 2024-25  
 Total amount of purchase or subcontract \_\_\_\_\_ Amount of purchase or subcontract to be paid using funds from City and County of San Francisco (Threshold Amount) \_\_\_\_\_  
 Vendor or subcontractor name \_\_\_\_\_  
 Vendor or subcontractor address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Vendor or subcontractor's federal ID number or social security number \_\_\_\_\_  
 Length (term) of Contract \_\_\_\_\_  
 Describe the equipment or scope of services that will be provided \_\_\_\_\_

List the subcontractors' names, telephone numbers, and the \$ amounts for the three (3) lowest quotes and the date quotes received.

Did you reject the lowest quote or did the lowest quote withdraw from the process? Yes No If yes, explain why.

Did you obtain quotes from minority and/or women owned businesses? Yes No  
Please describe the Good Faith Efforts you made to obtain quotes from MBE/WBE firms

Vendor or subcontractor characteristics (check all that apply)  Woman-owned  Person with Disability-owned  
 Latino  African-American  Native American  Arab-American  Asian  Other: \_\_\_\_\_

### CHECK ONE THAT BEST DESCRIBES THE SERVICE

Architectural Services  Auditing  Full Service Accounting  General Services (Security, Janitorial, etc.)  
 Payroll Only  Planning/IT  Professional  Other. Please specify: \_\_\_\_\_

### THE CONTRACT BETWEEN YOU AND THE SUBCONTRACTOR MUST INCLUDE THE FOLLOWING ITEMS:

- Names of both parties
- Method of Payment
- Signature of both parties
- Scope of Service
- Monitoring and Reporting Method
- Time and Place of Service
- Maximum Amount to be paid

*I certify that no employees, officers, agents or members of the Board of Directors and their immediate families, partners or organizations shall have any financial interest with the proposed vendor or subcontractor.*

Agency Director's Signature

Date

### FOR MOHCD USE ONLY

Approval Signatures:(Program Officer)\_\_\_\_\_(Manager)\_\_\_\_\_(Fiscal)\_\_\_\_\_