

# 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:**