



Ohio Medicaid School Program Optional Contract Procurement Checklist

School District Name _____

Contracted Service: OT PT Speech Psych Nurse Social Work Counseling
(Circle the above services included in the contract)

School Fiscal Year _____

Vendor Selected _____

Explain rationale used in selecting the vendor:

Was the contract awarded through full and open competition? Yes No

Explain: _____

Was there limited competition for this service? Yes No

Explain: _____

Document your Cost/Price Analysis for each vendor:

Vendor 1 – Name/Price _____

Vendor 2 – Name/Price _____

Vendor 3 – Name/Price _____

Document and other information that helps explain why a certain vendor was awarded the contract:
