



State of Michigan

**1122 PROGRAM ORDER FORM – GSA SCHEDULE ITEMS ONLY**

- Counter-Drug
- Homeland Security
- Emergency Response

Date \_\_\_\_\_

**Ordering Law Enforcement Agency**

Agency \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Ship to**

Law Enforcement Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_

**Justification for Order: Provide a narrative of how the requested equipment will support your counter-drug, homeland security and/or emergency response mission. Be descriptive:**

\_\_\_\_\_

**Selected Vendor**

Company Name: \_\_\_\_\_ GSA Contract #: GS- \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Item #	Item Description	Qty	Purchase Price	Retail Price	Savings

Order Total \_\_\_\_\_

<b>Purchase Authorized by:</b> <b>Title:</b> <b>Head of Local Agency/Chief Executive Official</b> <b>Signature:</b>
Please e-mail this form to Genevieve Hayes at: <a href="mailto:hayesg2@michigan.gov">hayesg2@michigan.gov</a>

SPOC Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Terms and Conditions-**

- Understanding that DTMB staff does not endorse or recommend any specific vendor, product, or service. The agency will deal directly with the vendor regarding product or service issues.
- Agreement that the undersigned agency representative, who has the authority to do so, holds the State of Michigan harmless in the event of any lawsuit or claim arising as a result of the acquisition or use of products or services provided under this program.
- The State has not determined or can guarantee that use of the 1122 Program will satisfy any local purchasing ordinances or policies.

