



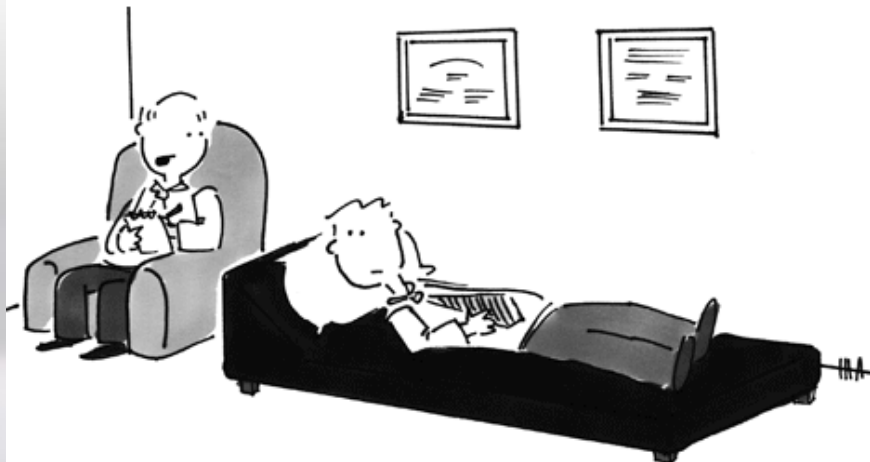
WELCOME

U.S. Probation - Treatment Services Vendor information Meeting FY 2026 July 8, 2025

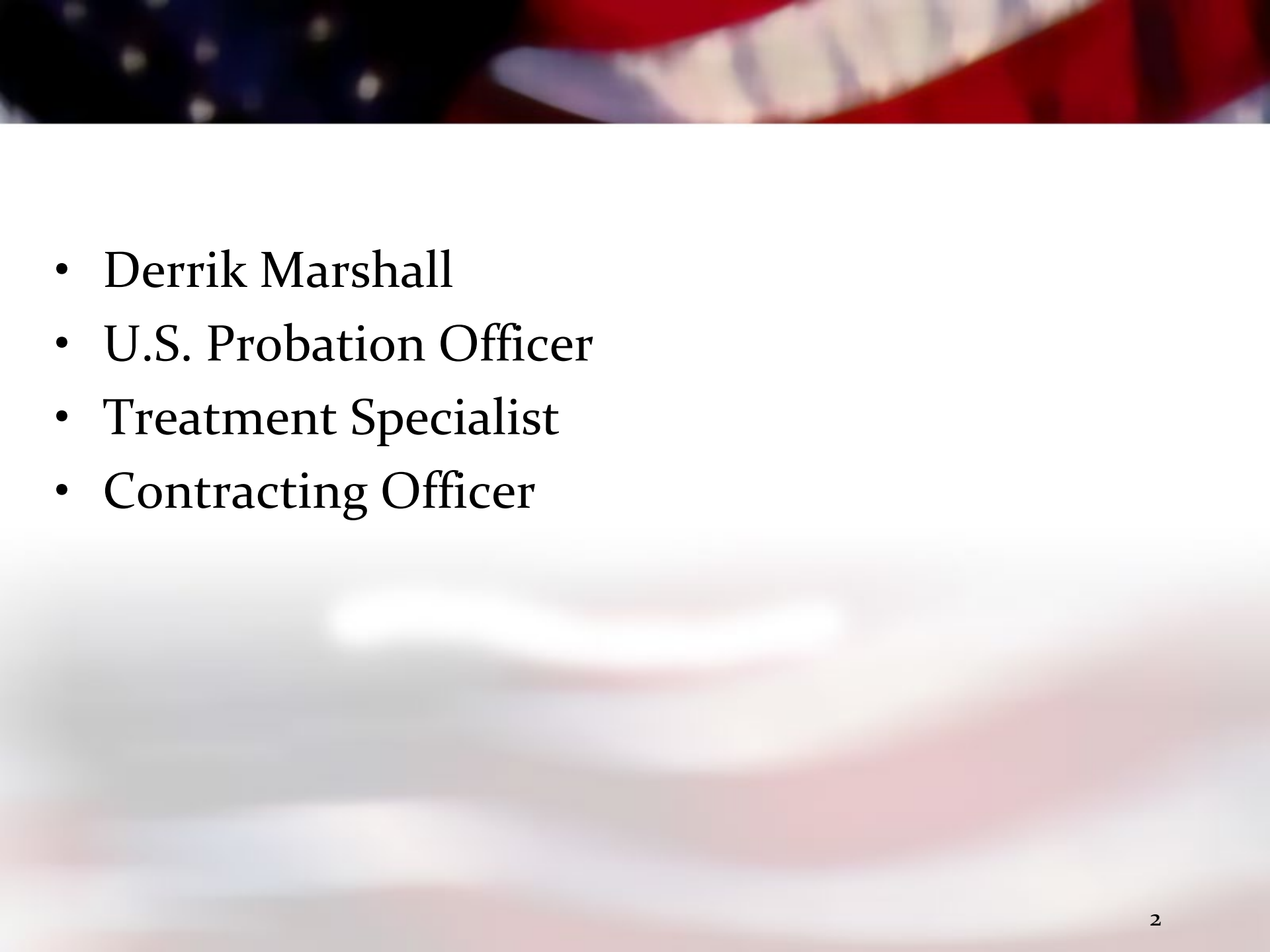
- The TEAMS will begin 10:00 A.M. MDT (Utah).
- Please MUTE your telephones.

© MARK ANDERSON

WWW.ANDERZTOONS.COM



"What do you say we blame your parents and knock off early?"

- 
- A blurred background of the American flag, showing the stars and stripes in red, white, and blue.
- Derrik Marshall
 - U.S. Probation Officer
 - Treatment Specialist
 - Contracting Officer



Increase number of completed bids.



Decrease rejected bids due to simple errors.
Decrease confusion.



We are in this together!



Agenda

- Introduction
- What we want and Why?
 - Contract Requirements- Nationwide
 - Local Needs





BLANKET PURCHASE AGREEMENT

- Go to the public website www.utp.uscourts.gov
 1. General Information
 2. Vendor Solicitations
 3. Sample Sections BPA Doc





District of Utah

Georgette Leventis, Chief U.S. Probation Officer

Search

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Forms

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Common Vendor Questions

Instructions - Sex Offender
Treatment

Instructions - Substance
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Vendor Solicitations

Treatment Solicitations

The United States Probation and Pretrial Services Office for the District of Utah intends to procure treatment services for federal defendants and persons under supervision using Blanket Purchase Agreements. Agreements are for the period beginning October 1, 2026, through September 30, 2031, with a provision for the Government to unilaterally extend the agreement in accordance with Section I, Clause 2-90D, Option to Extend the Term, for an additional four years, at four twelve-month intervals. Required services are for urine collection/testing.

The probation office intends to procure drug testing services for multiple locations, Ogden, Vernal, Roosevelt, St. George, Provo, and Salt Lake City (two locations), for Drug Testing. These services are for federal defendants and persons under supervision using a Blanket Purchase Agreement.

Interested offerors should submit a letter of interest to utpml_treatmentcontracts@utp.uscourts.gov that includes the offeror's name, mailing address, telephone number, and e-mail address. On or after July 1, 2025. Request for Proposals (RFP) will be posted on the agency's web page at www.utp.uscourts.gov

Interested offerors must respond on time to solicitation deadlines and clearly show: (1) they can provide services within the catchment area with a facility available for use, (2) such services will be provided by professionals meeting the experience and criteria required, and (3) prices of such treatment shall be as low or lower than those charged to the offeror's most favored customer for comparable quantities under similar terms and conditions.

Requesting Bids July 1, 2025 – July 31, 2025, ----- Starting October 1, 2025.

Areas Needing Services

Vernal	Urine Collection/Testing Vernal 1088-26-51UV.pdf
Roosevelt	Urine Collection/Testing Roosevelt 1088-26-51UR.pdf
St. George	Urine Collection/Testing St. George 1088-26-41UA.pdf
Provo/Orem	Urine Collection/Testing Provo-Orem 1088-26-31UA.pdf
Ogden	Urine Collection/Testing Ogden 1088-26-11UA.pdf
Salt Lake City, Downtown	Urine Collection/Testing Salt Lake Downtown 1088-26-21UD.pdf
Salt Lake City, West	Urine Collection/Testing Salt Lake West 1088-26-21UW.pdf

Anticipated Dates (Subject to Change)

Bids Posted	July 1, 2025
Virtual Vendor Information Meeting Microsoft Teams Link	July 8, 2025 10:00AM MDT
Vendor Questions Closed	July 21, 2025, 10:00AM MDT
Bids Due (Must Arrive in Office By)	July 31, 2025, 10:00AM MDT
Awards	August 31, 2025
Winning Vendor Training	September 27, 2025
Contract Start Date	October 1, 2025

Please submit ALL contract questions in written format for publication to the following email:

UTPml_TreatmentContracts@utp.uscourts.gov

Submit to this email address: UTPml_TreatmentContracts@utp.uscourts.gov

[Sample BPA 2024.pdf](#) (USE THIS SAMPLE TO HELP FILL OUT BIDS)

Follow sample

Ask

Questions

USC 262
(Rev. 5/23)

SAMPLE ONLY

UPDATED JUNE 2023

SECTION A

SOLICITATION / OFFER / ACCEPTANCE

1. Solicitation No.

1088-24-2TXD

VERIFY YOU USE THE CORRECT
CONTRACT NUMBER

2. Date Issued

06/22/2023

3. Award No.

4. Issued By:

Georgette Leventis

U.S. Probation Office

351 S. West Temple, STE 5.400 Salt Lake City, UT 84101

5. E-mail Address Offer To (if other than Item 4):

Derrick Marshall

utpml_treatmentfy24@utp.uscourts.gov

SOLICITATION

6. Proposals for furnishing the required services listed in Section B will be received electronically via the e-mail address(es) specified in Item 4 or 5

until **10:00 AM** local time **07/28/2023**

(hour)

(date)

7. For Information call:

DUE July 31, 2025; 5:00 PM



BLANKET PURCHASE AGREEMENT

Strict **Pass** or **Fail**

1. On Time?
2. Signed?
3. All documents?
4. All check boxes?
5. All prices?
6. All subcontractors?
7. Location currently in catchment area?
8. Can vendor meet Local needs?
9. Read each section.



BLANKET PURCHASE AGREEMENT

- **Blanket Purchase Agreement (BPA)**
 - A BPA is a “charge account” arrangement between a buyer and a seller for recurring purchases of services.
 - BPA’s are not contracts and do not obligate government funds in any way.
 - A contract occurs upon the referral from the U.S. Probation Office and the vendor’s acceptance of the referral.
 - Referrals could be rotated among all the vendors in the same catchment area.
 - Referrals are made in the form of a Treatment Services Program Plan (Prob. Form 45).



BLANKET PURCHASE AGREEMENT

- **Questions?**
 - First, read the Common Vendor Questions



UNITED STATES PROBATION AND PRETRIAL SERVICES District of Utah

Georgette Leventis, Chief U.S. Probation Officer

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Post-Conviction Supervision

Federal Holidays

Vendor Solicitations ▼

Common Vendor Questions

Instructions - Sex Offender

Treatment

[Home](#) » [General Information](#)

Vendor Solicitations

Urine Collections Solicitations

This is a Solicitation Notice for the District of Utah's Probation and Pretrial Office in July.

The probation office will procure urine collection services in seven different locations. defendants and persons under supervision using a Blanket Purchase Agreement.

Interested treatment providers must respond timely to solicitation deadlines and clear services, (2) such services will be provided by certified, professionals with an operating (3) prices of such shall be as low as or lower than those charged to the provider's most quantities under similar terms and conditions.

Requesting Bids July 1, 2022 - July 29, 2022----- Starting October 1, 2022

Areas Needing Services

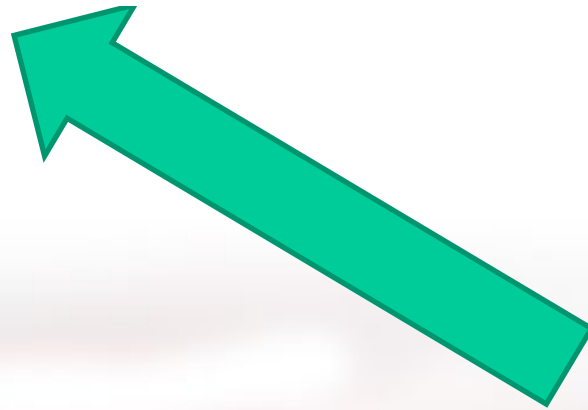


BLANKET PURCHASE AGREEMENT

- **Questions?**
 - Second, read the updated Vendor Questions

Submit Questions

Any questions concerning this solicitation process should be e-mailed to UTPml_TreatmentContracts@utp.uscourts.gov no later than 10:00 a.m. MDT, July 21, 2025. We will post questions and answers on this site.





BLANKET PURCHASE AGREEMENT

- **Questions?**
 - First, read the Common Vendor Questions
 - Second, read the updated Vendor Questions
 - Third, read the Bid.
 - Fourth, read the example
 - Fifth, submit written questions for everyone to see to question and answer, by July 21, 2025 10: 00 a.m. MDT

We Need a point of contact.



- UA Drug Testing Contract Notes



Local needs Section C.

Random Days

Standard Hours

Printing forms

Code-a-phone system requirement or website



**Forms you need
to print in your
office.**

Prob. Form 45
Today's Date: 6/17/22

Form 45- Order

Initial

TREATMENT SERVICES CONTRACT PROGRAM PLAN

Client Identifying Information

Client:

Address:

207

Salt Lake City UT 84116

Officer:

Petersen, Greg

Client Phone:

Officer Phone: 801-535-2778

DOB:

Provider Information

Provider: Judicial Supervision Services

Procurement No: 1088-2020-21UW

Provider Location: JSS - SLC

Effective Date: 06/17/2022

Attn: UA line after 8pm Test 10 am -
7pm weekly Sat 8:30

Termination Date:

Location Address: 5047 S. Galleria Drive
Assessments Walk-In before 6
M-F
Murray UT 84123

Phone: 801-486-8143 Ext. 1

Fax: 801-746-1548 UA Line

Form 45- Order

Authorized Services

Your agency is authorized to provide the following services beginning on the plan effective date indicated above. Any services provided outside of those listed below and/or outside the Effective and Termination Dates of the Plan will not be authorized for payment.

Services Ordered

Project Code	Description Of Services	Phase	Frequency (Units)	Interval	Copay Amount (per unit)
1010	Urine Collection and Reporting	Phase I	3.0	Monthly	\$ [REDACTED]
1501	Administrative Fee		1.0	Monthly	\$ [REDACTED]

Copayment Amount

Copayment Source

Defendant/Offender

Instructions to Provider Regarding Client Needs and Goals of Treatment

Defendant to start phase I testing on 07/09/2025. Defendant is aware of code [REDACTED] location, and contact. Mark Alcohol or ETG on all chain of custody forms.

United States Immigration and Naturalization Service
District of Utah

Screening Tray

*Offender/Defendant Name (last, first, MI)

*Date of Birth

*PACTS NO.

*Status (check one)

Phase	Presentence/Pretrial	Posttrial	Postverdict
Phase 1	100%	100%	100%
Phase 2	100%	100%	100%
Phase 3	100%	100%	100%
Phase 4	100%	100%	100%
Phase 5	100%	100%	100%
Phase 6	100%	100%	100%
Phase 7	100%	100%	100%
Phase 8	100%	100%	100%
Phase 9	100%	100%	100%
Phase 10	100%	100%	100%
Phase 11	100%	100%	100%
Phase 12	100%	100%	100%
Phase 13	100%	100%	100%
Phase 14	100%	100%	100%
Phase 15	100%	100%	100%
Phase 16	100%	100%	100%
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Phase 84	100%	100%	100%
Phase 85	100%	100%	100%
Phase 86	100%	100%	100%
Phase 87	100%	100%	100%
Phase 88	100%	100%	100%
Phase 89	100%	100%	100%
Phase 90	100%	100%	100%
Phase 91	100%	100%	100%
Phase 92	100%	100%	100%

Post Conviction/Probation

*Supervising Federal Officer:

*Collection Date

*Collection Time

AM
PM

Admitted Illegal Drug Use by Offender / Defendant

*Donor must list substance(s) and date(s) used and initial

Medications (include date taken)

Special Test Options (circle all that apply):

PCP Hydrocodone Alcohol 6-AM Other:

Benzo Fentanyl OXY Buprenorphine

Collector Comments:	Unobserved	Appears Diluted	BAC (if applicable)
---------------------	------------	-----------------	---------------------

OFFENDER/DEFENDANT CERTIFICATION

I certify that the information I provided above is true and correct. I certify that the specimen I have provided on this date is my own and has not been adulterated or diluted. The security seal was applied to the specimen bottle by me, and I have verified that the specimen identification on this form and the bottle are identical.

Offender / Defendant Signature

Date _____

COLLECTOR CERTIFICATION

I certify that I witnessed the above offender/defendant provide the specimen identified by the Specimen ID Label on this form. I certify that the security seal was applied to the specimen bottle in my presence, and I have verified that the specimen identification on this form and the bottle are identical.

Collector Signature

Date _____

☐ Check if the above offender/defendant failed to provide a urine specimen, and fax this form to the supervising officer.

Staff Signature:

Date:

TEST DATE:

REVIEWED BY:

TEST TIME:

Release

UNITED STATES PROBATION SYSTEM

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION DRUG ABUSE PROGRAMS

I, _____, the undersigned,
(Name of Client)

hereby authorize _____ to release confidential
(Name of Program)
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United
States Probation Office of the _____ District of _____.
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the
aforementioned program which has been made a condition of my _____
(pretrial release, post-trial release, probation, or parole).

I understand that the probation office may use the information hereby obtained only in connection with its
official duties, including total or partial disclosure of such, to the District Court and/or United States Parole
Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until my release from supervision, at which time this authorization

Daily Log

Urinalysis Testing Log

Complete one form per person per month - to be used for project codes 1010 and 1011

Defendant/Person Under Supervision Name:

PACTS #:

Vendor Name & BPA #:

Month/Year:

Date Collected	Defendant/Person Under Supervision Signature	Collector initials	Bar Code # (for 1010)	Special test (for 1010)	Meds taken	Test Result (for 1011 only)	Co-pay collected

Client monthly log

MONTHLY SIGN IN LOG

Complete one form per person per month. Include all scheduled contacts. In the event the person does not attend a scheduled service, indicate "no show" in the comment column. In the event the person does not attend any services within the month, include a comment noting why no services were provided/received. If telemedicine is provided, print the defendant's/person under supervision's name within the signature field, and the comment section shall reflect the means in which the session was provided (i.e. teleconference, video conference, internet).

Vendor:

Agreement #:

Defendant/Person Under Supervision:

PACTS #:

☐ Pretrial ☐ Post-Conviction

Service Month/Year:

Required co-payment (if applicable):

Date	Defendant/Person under Supervision signature	Project Code	Time In	Time Out	Vendor Initials	Co-pay Received	Comments (i.e., no show, delivery method of telemedicine, no services)

UNITED STATES PROBATION AND PRETRIAL SERVICES
DISTRICT OF UTAH

Waiver

JEFFREY H. ROSENLUND
CHIEF PROBATION OFFICER

ERIC E. ANDERSON
DEPUTY CHIEF PROBATION OFFICER



351 S WEST TEMPLE, SUITE 5.400
SALT LAKE CITY, UT 84101

OFFICE: 801.535.2700
TOLL FREE: 866.222.2585
FAX: 801.526.1136

Copay Waiver Request from

Date of Request Click here to enter a date.

Type Agency Name

Defendant Name: First Last Pacts #:

Justification for this request:

A Copayment waiver is requested for:

- ☐ **60 Days** **Approval End Date:** _____
- ☐ **90 Days** **Approval End Date:** _____
- ☐ **Fixed Rate of \$25 a month - Behavioral Health Court Disability**
- ☐ **Fixed Rate of \$50 a month – Specialty Courts**

I certify I have discussed this request with the designated probation officer prior to this request.

Admissions

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF UTAH
PROBATION AND PRETRIAL SERVICES OFFICE

ACKNOWLEDGMENT OF USE AND
PRESUMPTIVE POSITIVE URINE SAMPLE

This is to acknowledge that I, _____

Acknowledge the use of _____ on or about _____
(Substance) (date)

and will comply with sanctions authorized by the U.S. Court and the U.S. Probation and
Pretrial Services Office.

- Update all new staff

Attachment C

OFFEROR'S STAFF QUALIFICATIONS

As required in Section L.1, Preparation of Staff Qualifications, the Offeror shall prepare and submit below, (attach pages as needed labeled as subsets of this attachment number), for all staff providing direct delivery of services under any resultant Agreement. The Offeror shall complete the certification section below.

CERTIFICATIONS

By signing below, I certify the following:

- No proposed staff members are under investigation for or charged with a criminal offense and/or under pretrial, probation, parole, mandatory release or supervised release (federal, state, or local).
- No proposed staff members have been convicted of any sexual offense (including but not limited to child pornography offenses, child exploitation, sexual abuse, rape, or sexual assault) or are required under federal, state or local law to register on the Sexual Offender registry.
- Staff specified to provide services listed by project code have the required education, relevant experience and current licenses/credentials listed in Section C of the RFP.

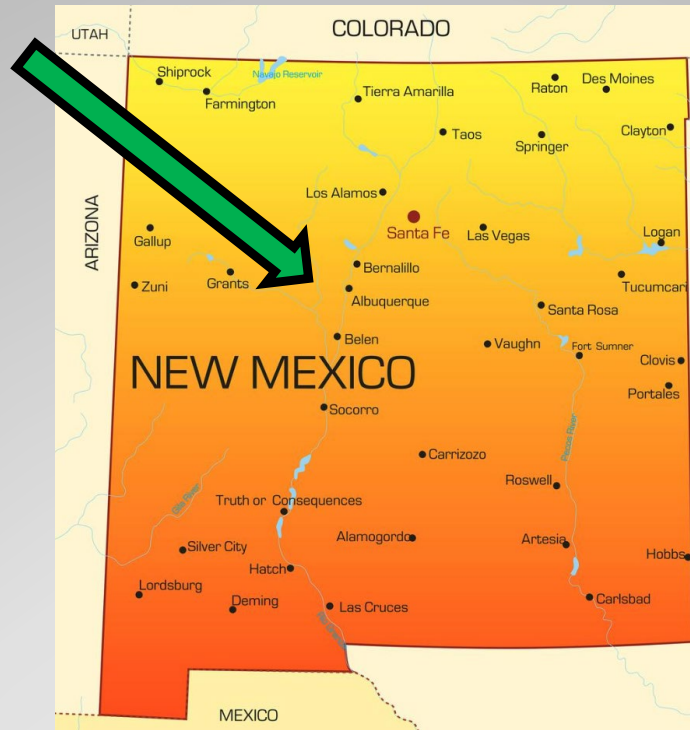
PRINTED NAME OF OFFEROR : _____

SIGNATURE: _____

DATE: _____

Name	Services performed specified by Project Code for each staff person	Education	Relevant Experience	Current Licensure/Credentials

All Samples go to our Lab!



We provide shipping. You provide pick up days or drop off at USPS nightly.

**Collect Walk-In or Make-up Tests
Outside our system.**

Please let us know the extra cost.

**Not deducted from invoice but
sent to our lab for tracking.**

- We need you to collect Copays
- \$ Drug Tests-Varies per Catchment area

MENTAL HEALTH CENTER



[HOME](#)[SEARCH RECORDS](#)[DATA ACCESS](#)[GENERAL INFO](#)

CREATE USER ACCOUNT

Your CCR username will not work in SAM. You will need a new SAM User Account to register or update your entity records. You will also need to create a SAM User Account if you are a government official and need to create Exclusions or search for FOUO information.

REGISTER/UPDATE ENTITY

You can register your Entity (business or government agency) to do business with the Federal Government. If you are interested in registering your Entity, you must first create a SAM User Account.

[Register/Update Entity](#)

fsd.gov

Federal Service Desk
Support on U.S. Government contracts and grants systems

[Federal Service Desk](#)[Contact FSD](#)[News and Announcements](#)

Purpose

The purpose of the Federal Service Desk (FSD.gov) is to help visitors get the information and assistance they need for the systems (websites) that the FSD supports.
Note: There are NO fees associated with any FSD supported systems.

Supported Systems

System for Award Management (SAM)
Catalog of Federal Domestic Assistance (CFDA)
Electronic Subcontracting Reporting System (eSRS)
Federal Business Opportunities (FBO)
Federal Procurement Data System (FPDS-NG)
FFATA Subaward Reporting System (FSRS)
Wage Determinations OnLine (WDOL)

[Live Chat](#)[Web Form](#)

Hours of Operation

Monday - Friday 8 a.m. to 8 p.m. ET

ALERT: SAM.GOV REGISTRATION IS FREE

There is NO FEE to register, or maintain your registration, in the System for Award Management (SAM.gov). If you receive an email from a company claiming to represent SAM.gov, be cautious. If you get an e-mail from a company offering to help you register in SAM.gov asking you to contact them and pay them money, be cautious. These messages are not from the Federal Government. It is FREE TO REGISTER in SAM.gov for any entity.

[This Site](#)[Other Sites](#)[Supported Sites](#)[Contact](#)



That's all Folks!