

INTERDEPARTMENTAL MEMORANDUM

TO: Reggie Wells, Director, Department of Watershed Management

FROM: Randy Webb, Senior Procurement Agent, Team A

SUBJECT: ITB 21-101363 for Machine Shop Services (Multiyear Contract)

DATE: 06/23/2021

It is requested that you do the following:

- 1. Please review the attached bids associated with the above referenced solicitation and provide your award <u>recommendation</u>. You are looking for the lowest, responsive and responsible bidder. Your review should ensure that you are confident that your recommended supplier(s) can in fact provide the goods and services required.
- 2. Please provide the following information in the space provided on page two:
 - a. Specific justification why in your professional opinion the recommended vendor should be awarded the contract.
 - b. Advise of any problems in connection with the selected vendor(s), if any exist.
 - c. If you find bidders who offer lower prices than your recommended supplier(s), then you must provide specific justification why they are either non-responsive* (did not follow the instructions found in the solicitation) or non-responsible** (not able to perform/deliver as minimally required according to the scope of work found in the solicitation).

*Note – The Department of Purchasing and Contracting is ultimately responsible in determining if a bidder is non-responsive, but input/feedback from the user department is always important to us. **Note – The user department and the Department of Purchasing and Contracting must mutually agree before determining if a bidder is non-responsible.

3. Return required documents by the close of business on 06/28/2021.

If you have any questions, please call me at 404-371-2019.

Purchasing and Contracting Department, Maloof Administration Building • 1300 Commerce Drive, 2nd Floor • Decatur, Georgia 30030 • 404-371- 6331 Office • 404-371-7006 Fax • Website: www.dekalbcountyga.gov



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<u>User Departm</u>	ent's Recommendation			
User Departm	ent Name			
Recommended	l Bidder(s) meets our appro	oval.		
Bidder 1:	Name/Amount	Bidder 2:		
Bidder 3:	Name/Amount	Bidder 4:	Name/Amount	
Project Amou	nt This Term:			
Funding: General 🔲 CIP Line Item Justification:	Enterprise 🗌 No. (if applicable):	3 Digit Fund Code _		_
Name, Title	Date	Departme	Department Director	

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