

**INTERDEPARTMENTAL
MEMORANDUM**

TO: David Hayes, Director Department of Watershed Management

FROM: Sophia Thomas, Procurement Agent – Team A

SUBJECT: ITB 21-101362 Sanitary Sewer Easement Clearing (Three (3) Year Multiyear Contract) DATE: November 19, 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 recommendation. 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 November 24, 2021.

If you have any questions, please email me at sdthomas@dekalbcountyga.gov.

ITB 21-101362 Sanitary Sewer Easement Clearing (Three (3) Year Multiyear Contract)

User Department's Recommendation

User Department Name _____

Recommended Bidder(s) meets our approval.

Bidder 1: _____ Bidder 2: _____
Name/Amount Name/Amount

Bidder 3: _____ Bidder 4: _____
Name/Amount Name/Amount

Project Amount This Term: _____

Funding:
General Enterprise 3 Digit Fund Code _____
CIP Line Item No. (if applicable): _____

Justification:

Name, Title

Date

Department Director

Date