

Department of Purchasing and Contracting

Maloof Administration Building, 1300 Commerce Drive, 2nd Floor, Decatur, Georgia 30030

TO: The Department of Watershed Management

FROM: Judi Moore, Purchasing & Contracting - Team A

SUBJECT: ITB No21-101477 Valve Boxes and Risers (Three (3) Multi-Year Contract)

DATE: March 4, 2022

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 completed required documents within ten (10) business days.

Should you have any questions, please email me at (*jmoore*@*dekalbcountyga.gov*) regarding, ITB No 21-101477 Valve Boxes and Risers (Three (3) Multi-Year Contract).

User Department's Recommendation	
Recommended Bidder(s):	meets our approval.
Amount Spent on Previous Contract:	
Name of Fund:	
Project Amount This Term:	
Written Justification:	
Wilten Justification.	
Name, Title	Department Director
Date	Date
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