

TO: Reginald Wells, Director, Department of Watershed Management

FROM: Kyheem Bristol, Procurement Agent, Team A

SUBJECT: ITB No. 20-101298 Valves, Tapping Sleeves and Fire Hydrants (Multiyear Contract)

DATE: March 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 <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 within *ten* (10) business days.

If you have any questions, please call me at (404) 371-7063.

## ITB No.: ITB No. 20-101298 Valves, Tapping Sleeves and Fire Hydrants (Multiyear Contract)

<b>User Department's Recommendation</b>	
Oser Department's Recommendation	
Dagammandad Riddan	mosts our approval
Recommended Bidder:	_ meets our approvar.
Amount Court on Duovious Contract.	
Amount Spent on Previous Contract:	_
NI CE I	
Name of Fund:	
Project Amount This Term:	
Justification:	
Name, Title	Department Director
Date	Date