

**ITB AWARD RECOMMENDATION / INTENT TO AWARD**

**PROCUREMENT SPECIALIST:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ITB#:** \_\_\_\_\_ **ITEM / SERVICE:** \_\_\_\_\_

**Attached are apparent low bid(s) and a tabulation for subject items/services requisitioned by the department.**

**RECOMMENDATION:**

A. Which vendor is recommended for Award?

B. Does this meet specifications as per the department's request and as advertised? **YES** **NO**

If NO, is the variance considered: **MINOR** **MAJOR**

Explain:

C. Is the recommendation the lowest bid received? **YES** **NO**

D. List the Bids that are low but DO NOT meet specifications and list reasons why each does not meet specifications:  
attach a memorandum of explanation to this form if necessary.

(Attach an additional sheet if further comment or explanation is required.)

**SIGNATURE:** \_\_\_\_\_  
Procurement Manager or designee

**Date:** \_\_\_\_\_

THIS FORM MUST BE COMPLETED FOR ALL AWARD RECOMMENDATIONS OF \$10,000 AND ABOVE.

Over \$10,000 **YES** **NO**