*Contact: Name Phone*

*Email*

**x-IT. AGENCY**

### *Division/Program*

***Contract ID*:** Contract Name/Contract Number

ADPICS BPO No.:

***Contract Description*:** Provide a brief summary or description.

***Awards*:** Company Name, City and State

***Term*:** mm/dd/20yy – mm/dd/20yy

***Amount*:** Dollar amount (years of contract)

List any renewal options

***Procurement Method*:** CSP, CSB, etc.

***Bids or Proposals*:** If there is too much information to fit into a simple table, provide an attachment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Ranking | | | |
|  | Technical | Financial | Overall | Evaluated Price |
| Company A | 1 | 1 | 1 | $80,000/yr. |
| Company B | 2 | 2 | 2 | $70,000/yr. |

(“See Attachment” for bids or proposals Or “See Attachment X” if there is more than 1 attachment.) In the Agency Remarks, indicate the total number of bids/proposals received, as applicable. For all proposals/bids include vendor name, city and state.

***MBE Participation*:** %

***MBE Waiver*:** (If there was an MBE goal and none of the goal was waived, this item heading is not required. If there was a waiver of any part of an MBE goal, enter the percentage of the goal that was waived and “(see Agency Remarks below)”; and explain the reason for the waiver in the Agency Remarks. In this instance, the MBE Participation provided under the preceding heading will be the percentage of the MBE goal that was not waived.)

***Performance Security*:** (Enter the type of any performance security required, i.e., Performance Bond, and the amount of the security required. If no security requirements exist, indicate “None” or remove from Agenda Item.)

***Hiring Agreement Eligible*:** (Indicate if the contract has been designated an eligible contract for a DHR Welfare to Work Hiring Agreement. If not so designated, this field is not required.)

***Incumbents*:** Company Name, City and State

**x-IT. AGENCY** *(cont’d)*

***Agency Remarks*:** Identify the number of vendors directly solicited, which is to include how many solicited vendors had addresses in Maryland and how many were MBEs, and all locations where public notice of the solicitation was provided (e.g., on eMarylandMarketplace; on the agency website; in trade publications). Also state if a copy of the solicitation was provided to the Governor’s Office of Minority Affairs. Detail outreach efforts to encourage Minority Business Enterprises, small businesses, and resident businesses to respond to the solicitation.

State the number of bids/proposals received and how many, if any, were found to be not responsible, non-responsive, etc. If a low number of responses were received, explain why there was a poor response to the solicitation.

If the procurement is a CSP, agency remarks must include a brief narrative explaining why the recommended offeror was determined to be most advantageous to the State. This explanation will generally focus on the relative technical and financial rankings of the recommended offeror, such as: The offeror recommended for the award was determined to be both the highest ranked technical offeror and was lowest in price; or, The recommended offeror was ranked highest technically and its technical superiority was judged to outweigh its difference in price over any other offeror; or, Although the recommended offeror was not the highest ranked technical offeror it was the lowest priced offeror and the magnitude of its price differential was judged to outweigh the comparatively slight technical differences between it and any other offeror.

***Fund Source*:** (General, Federal, Reimbursable, Special – [state the source])

***Approp. Code*:** (Code required; verify with agency DBM OBA analyst)

***Resident Business*:** Yes or No

***MD Tax Clearances*:** 15-xxxx-xxxx

**BOARD OF PUBLIC WORKS ACTION – THIS ITEM WAS:**

**APPROVED DISAPPROVED DEFERRED WITHDRAWN**

**WITH DISCUSSION WITHOUT DISCUSSION**