|  |  |  |
| --- | --- | --- |
| **PFCCC** | **BID DOCUMENTATION FORM** | **FY 2022/2023** |
|  |
| **DATE:** |  | **COMPLETED BY:** |  |
|  |  |  |  |
| **DESCRIPTION OF GOODS OR SERVICES NEEDED:** |  |
|  |  |  |  |
| **METHOD(S) USED:** | [ ]  RFP/RFA | **[ ]**  PUBLIC NOTICE | **[ ]**  PHONE INQUIRY | **[ ]**  Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| **COMPLETE THE FOLLOWING FOR EACH BIDDER OR ATTACH A SOLE SOURCE JUSTIFICATION MEMO:** |
|  |
| **VENDOR # 1** |
|  |  |  |
| **1.** | **Vendor Name & Contact Person:** |  |
|  |  |  |  |  |
| **2.** | **Address:** |  | **Phone:** |  |
|  |  |  |
| **3.** | **Availability date/time frame for delivery:** |  | **Total Cost:** |  |
|  |  |  |  |  |
| **4.** | **Contractor specifications/details of bid response:** |  |
|  |  |  |  |  |
| **5.** | **[ ]  Selected** | **[ ]  Not Selected** |
|  |  |  |  |  |
| **6.** | **Reason:** |  |
|  |  |  |
|  |  |  |  |  |
| **VENDOR # 2** |
|  |  |  |  |  |
| **1.** | **Vendor Name & Contact Person:** |  |
|  |  |  |  |  |
| **2.** | **Address:** |  | **Phone:** |  |
|  |  |  |  |  |
| **3.** | **Availability date/time frame for delivery:** |  | **Total Cost:** |  |
|  |  |  |  |  |
| **4.** | **Contractor specifications/details of bid response:** |  |
|  |  |  |  |  |
| **5.** | **[ ]  Selected** | **[ ]  Not Selected** |
|  |  |  |  |  |
| **6.** | **Reason:** |  |
|  |  |  |
|  |  |  |  |  |
| **VENDOR # 3** |
|  |  |  |  |  |
| **1.** | **Vendor Name & Contact Person:** |  |
|  |  |  |  |  |
| **2.** | **Address:** |  | **Phone:** |  |
|  |  |  |  |  |
| **3.** | **Availability date/time frame for delivery:** |  | **Total Cost:** |  |
|  |  |  |  |  |
| **4.** | **Contractor specifications/details of bid response:** |  |
|  |  |  |  |  |
| **5.** | **[ ]  Selected** | **[ ]  Not Selected** |
|  |  |  |  |  |
| **6.** | **Reason:** |  |
|  |  |  |
|  |  |  |  |  |

[ ]  Original to Controller (attached to PO) \*

[ ]  CC to Contracts Coordinator \*\*

[ ]  CC to Employee File \*\*\*

\* Only if a contract is NOT required.

\*\* Original to Contracts Coordinator if a contract is required.

\*\*\* Only if the purchase is specific to an employee

Revised 7/2013