

FORMAL BID FORM

Service Provider Name:	Contract Name:
Services or Items to Procure (Brief Scope of Work or Description of Items):	
The Total Cost of These Services/Items Shall Not Exceed: (This amount may not exceed \$24,999.99.)	
*Attach a narrative titled "Cost Analysis" describing the research done to determine what a reasonable price would be for the desired items or services. This research could be obtained from the internet or other written sources or from professionals or organizations with knowledge of the items or services desired.-REQUIRED	
Desired Start Date of Contract or Purchase Date of Items:	This Expense Will Be Billed To the Following Contract Budget Line Item:
Will Your Organization Need a Budget Modification to Cover This Expense? <input type="checkbox"/> YES <input type="checkbox"/> NO	*If YES, please attach a budget modification to cover this expense.

Bid #1:

Vendor/Contractor Company Name:	Vendor Contact:	
Address:	Phone Number:	<i>*Attach all relevant documentation to this form and label the pages "Bid #1."</i>
Email Address:	Price Quoted:	

Bid #2:

Vendor/Contractor Company Name:	Vendor Contact:	
Address:	Phone Number:	<i>*Attach all relevant documentation to this form and label the pages "Bid #2."</i>
Email Address:	Price Quoted:	

Bid #3:

Vendor/Contractor Company Name:	Vendor Contact:	
Address:	Phone Number:	<i>*Attach all relevant documentation to this form and label the pages "Bid #3."</i>
Email Address:	Price Quoted:	

Vendor Selection:

Our organization would like to award this contract to the following bidder: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3	Is this the lowest bidder? <input type="checkbox"/> YES <input type="checkbox"/> NO
If NO, briefly explain why the lowest bidder is not preferred:	
*Attach a draft Professional Services Agreement (for services) or Quote (for items) with the desired bidder-REQUIRED	

Conflict of Interest Disclosures:

A service provider representative responsible for awarding this contract needs to complete the following section:

Printed Name of Representative:	Title:	Date:
To the best of your knowledge, are any officers, business partners, employees, or agents of your organization or <i>workforce</i> CONNECTIONS employed or otherwise financially or legally involved with any of the potential vendors listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		
To the best of your knowledge, do any family members (related by blood or marriage) of any officers, business partners, employees, or agents of your organization or <i>workforce</i> CONNECTIONS have any financial or other interest in any of the potential vendors listed above? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		
Are there any other conflict issues with any of the potential vendors listed above that have not already been disclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, please briefly explain:		

I certify that the above information is correct and complete to the best of my knowledge and my organization, or any agent of my organization, has not and will not solicit or accept gratuities, favors, or anything of monetary value of any amount from vendors, subcontractors, potential vendors or potential subcontractors regarding this solicitation for goods or services per *workforce*CONNECTIONS Procurement policy ADM-010-06.

Signature: _____ **Title** _____ **Date:** _____

ATTACHMENT LIST:

- Check the box if the item is attached to this form:
- Cost Analysis, **REQUIRED**
- Budget Modification, if applicable
- Draft Professional Services Agreement with, OR Quote from, the preferred bidder, **REQUIRED**
- Copy of Bid #1 Solicitation Letter on Organization Letterhead, **REQUIRED**
- Bid #1 Written Vendor Response, **REQUIRED**
- Copy of Bid #2 Solicitation Letter on Organization Letterhead, **REQUIRED**
- Bid #2 Written Vendor Response, **REQUIRED**
- Copy of Bid #3 Solicitation Letter on Organization Letterhead, **REQUIRED**
- Bid #3 Written Vendor Response, **REQUIRED**