

## OFFICE OF THE COUNTY COMPTROLLER

**THE CONCESSION SERVICES SOLICITATION RECORD CHECKLIST**

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| --- | --- |
| Department Name: |       |
| Licensee: |       | RFP No.: |       |
| Contract Period: |       | Contract No.: |       |
| Financial Terms: |  | Date of Award: |       |
| Capital Improvements: |  |
| Fund No.: |       | Dept. Code: |       | Revenue Code: |       |  |

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| --- |
| Description and scope of the service to be provided: |
|       |

**Method of Award:** (check all that apply)

[ ]  RFP (attach copy) [ ]  Other (attach explanation)

**Additional Minimum Documentation required with the Checklist:**

[ ]  Solicitation List (names and contact info) [ ] RFP Opening Sheet/Checklist of Proposals

[ ]  Solicitation Document [ ] Summary of Proposals Received/Evaluated

[ ]  RFP Scoring Evaluation Sheet/Memo [ ]  Justification of Award to other than

 the Highest Proposer

[ ]  Copies of Successful Proposal and Award Letter

 [ ] Written Notification of RFP

[ ] No Conflict of Interest Disclosure Statements

 [ ]  RFP Advertisement and Written Approval of

[ ]  Intro Resolution (if only one proposal received) Advertisement

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**Complete items 1 through 3:**

1. RFP Advertisement: (check all that apply)

 [ ]  Newspaper Advertisement Notices Attached

 [ ]  County Website Advertisement Attached

 [ ] Not applicable. Explain:

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|       |

2. Evaluation Process: (A separate document may be used, or department may reference specific documents and/or sections of the RFP if applicable.)

 a. Explain the process used in ensuring a competitive field:

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|       |

b. List the evaluation criteria used to evaluate the proposals:

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|       |

c. List evaluators/Advisory Committee members. Provide Name, Title and Department:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Title: |       | Dept: |       |
| Name: |       | Title: |       | Dept: |       |
| Name: |       | Title: |       | Dept: |       |
| Name: |       | Title: |       | Dept: |       |
| Name: |       | Title: |       | Dept: |       |
| Name: |       | Title: |       | Dept: |       |

 3. Summary of Competitive Bid:

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| --- | --- | --- |
| a. | Number of proposals solicited:  |     |
| b. | Number of proposals received: |     |
| c. | Number of no-proposals received: |     |
| d. | Number of no replies:  |     |
| e. | Number of rejections:  |     |

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| --- | --- | --- | --- |
| Preparer Name and Title: |       | Date:  |       |
| Preparer Signature: |  | Telephone #: |       |
| OCC Auditor Name and Title: |  | Date: |  |