

## OFFICE OF THE COUNTY COMPTROLLER

**THE CONCESSION SERVICES SOLICITATION RECORD CHECKLIST**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:

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| --- | --- | --- | --- | --- | --- |
| 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: |  |

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