

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

New
 OTR
 Sole Source
 Bid Waiver
 Emergency
 Previous Contract/Project No.

Contract
 Re-Bid
 Other
 LIVING WAGE APPLIES: YES NO

Requisition No./Project No.:
 TERM OF CONTRACT YEAR(S) WITH YEAR(S) OTR

Requisition /Project Title: Forty Foot Battery & Electric Buses

Description:

This requisition is for the purchase of thirty (30) 40 ft. Battery/Electric Buses and installing and maintaining supporting charging infrastructure with options for up to an additional twenty (20) 40 ft. buses and charging Stations.

Issuing Department:
 Contact Person:
 Phone:

Estimate Cost:
 Funding Source: GENERAL FEDERAL OTHER
 FTA PTP

ANALYSIS

Commodity Codes:	<input type="text" value="556"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contract/Project History of previous purchases three (3) years Check here <input type="checkbox"/> if this is a new contract/purchase with no previous history.					
	<u>EXISTING</u>	<u>2ND YEAR</u>	<u>3RD YEAR</u>		
Contractor:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Small Business Enterprise:	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Contract Value:	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="text" value="\$"/>		
Comments:	<input type="text"/>				
Continued on another page (s): <input type="checkbox"/> YES <input type="checkbox"/> NO					

RECOMMENDATION

	Set-aside	Sub-contractor goal	Bid preference	Selection factor
SBE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basis of recommendation:				
<input type="text" value="Federally funded, no preferences or measures"/>				
Signed: <input type="text" value="Jesus Lee"/>			Date sent to SBD: <input type="text" value="5/27/16"/>	
Also send to: oca@miamidade.gov			Date returned to DPM: <input type="text"/>	

To meet this requirement, effective immediately, please use the same input document used for SBD review for measures. Please copy OCA at oca@miamidade.gov when sending the Input Document to SBD. Please feel free to reach out to your respective manager or me directly with any questions.