

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

☐ New ☐ OTR ☐ Sole Source ☐ Bid Waiver
☐ Re-Bid ☒ Other

Previous Contract/Project No.

Confirmation Purchase

LIVING WAGE APPLIES: ☐ YES ☒ NO

Requisition No./Project No.: **RQID1800136**

TERM OF
CONTRACT

One-Time

Requisition /Project Title: **Disposable Inserts**

Description: Corrections depleted its allocation due to the fluctuation of the inmate count which varies on a day to day basis. In an effort for the facilities to serve the inmates, delivery of disposable inserts were made on a continual basis. The amount requested herein is to cover services already rendered.

Issuing Department: **ID**

Contact
Person:

Sherry Clentscale

Phone:

305-375-5482

Estimate Cost: **\$ 185,320**

Funding Source: **General Funds**

ANALYSIS

Commodity Codes: **640-60**

320

Contract/Project History of previous purchases three (3) years
Check here ☒ if this is a new contract/purchase with no previous history.

EXISTING

2ND YEAR

3RD YEAR

Contractor:

Small Business Enterprise:

Contract Value:

Comments:

Continued on another page (s): ☐ Yes ☒ No

RECOMMENDATIONS

SBE

Set-aside

Sub-contractor goal

Bid preference

Selection factor

Basis of
recommendation:

Signed: **Sherry Clentscale**

Date sent to SBD: **06/28/2018**

Date returned to PMS: