

**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.: **RQID1800143**

TERM OF  
CONTRACT

**Term**

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: **\$ 178,598**

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**

**2<sup>ND</sup> YEAR**

**3<sup>RD</sup> 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: **07/24/2018**

Date returned to PMS: