|  |  |
| --- | --- |
| Insert Current Agency Letterhead Here & Delete Text Box Above |  |

**IFB Contract Award Recommendation**

**INSTRUCTIONS: Intended use for IFB Requests.** *Insert Current Agency Letterhead. Adjust the highlighted text with the appropriate information. Finalize the Reference Number prior to submitting it to the Statewide IT Procurement Office by deleting this box, the directions in red type, and removing any highlights. When finished, delete this box.* ***Note: Per 09 NCAC 06B.0314, completion of specific sections of the template are required. These sections are highlighted in blue.***

**To:** Statewide Contract Specialist Name

Statewide IT Procurement Office

**From:**  Procurement Specialist or Purchasing Agent Name

Title

**Date:** Month day, year

**Subject:** IFB Draft Contract Award Recommendation

Name of Solicitation

**Reference #s**: DIT# xxxxxx-xxx

Agency Solicitation #: xxxxxxx

Agency Requisition #: xxxx

Agency WS #: xxxxx

Enclosed for your review and approval is the evaluation and DRAFT award recommendation package for IFB Name of Solicitation.

On xx/xx/xxxx Agency Procurement Office received approval from Statewide IT Procurement-SITP to issue IFB Name of Solicitation. XXX (xx) number of offers were received (see table further below) and the responsive offers were reviewed by the Evaluation Committee. The Evaluation Committee determined that xx (xx) responsive offers substantially conformed to the specifications of the IFB and the Agency is satisfied with the responsive offers. Since this solicitation is an IFB, the top Vendor we are requesting to have this awarded to will be the lowest priced Vendor that substantially conforms to the specifications.

State here what, if any, changes were made to the IFB that was signed by the top Vendor. Include any BAFO details here.

*(For example: A BAFO was written to address Vendor Cloud Terms and Conditions and Security Specifications since this SW and system will be hosted on the Vendor’s infrastructure. The BAFO also incorporates the AvePoint Master Agreement approved by Statewide DOJ Legal.)*

As such, the Evaluation Committee and Purchasing Agency hereby request the Statewide IT Procurement Office to award the contract as noted herein. We also hereby request approval by the Statewide IT Procurement Office to award the contract (with or without the renewals, please identify), as follows:

|  |  |
| --- | --- |
| **Description:** | Name of Solicitation |
| **Recommended Vendor:** | Vendor name that appears on Page 1 of the signed bid |
| **Cost:** | $xxx,xxx – Dollar amount of the Award |
| **Contract Term:** | EXAMPLE: One (1) year, plus two (2), 1-year optional renewals at the discretion of the State |
| **Total Contract Amount if all Renewal Options exercised:** | $xxx,xxx - Total dollar amount if all renewal options are exercised |

**Vendors that submitted an Offer:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Vendor Name | Price | Responsive  (Agency Purchasing Completes) | Substantially Conforms to IFB Specifications (Eval Team Completes) |
| 1 |  |  | Y/N | Y/N |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |

Thank you for your consideration of this request. If additional information is required, please do not hesitate to contact me at Procurement Specialist/Purchasing Agent email or Procurement Specialist/Purchasing Phone #.

Attachments: Signed Vendor Bids

Signed Addenda

Signed Clarifications

Worksheets/Evaluation documentation (if needed)