

Okaloosa County Purchasing Department

Request for Solicitation

NOTE: The information below is required. This form must include Scope of Work (SOW). Purchasing cannot begin solicitation process until complete. Attach additional documents if necessary.

Solicitation Title: _____ Date: _____

Requesting Department: _____

Department Point of Contact: _____ **Director/Manager Approval**

Office: _____ Cell: _____ Email: _____

Solicitation Type (Please Check Service Type and Solicitation Type)

Construction Engineering Specification Service Prof Service General

Invitation to Quote (ITQ): Requires at least three quotes and is based on lowest most responsive price. (Under \$50,000)

Invitation to Bid (ITB): Based on lowest most responsive price. (Over \$50,000)

Request for Proposal (RFP): Based on qualifications and price.

Invitation to Negotiate (ITN): Based on qualifications and price/uses negotiations to receive the best responses.

Request for Qualifications (RFQ): Based on qualifications only. Florida CCNA Federal Brooks Act may apply. CCNA compliance, Applies to Engineers, Architects, and Surveyors.

Compliance with Florida's CCNA or the Federal Brooks Act required? Yes No

Is there a schedule deadline for delivery/completion or phases/milestones? Please specify:
(Schedule of phases and milestones are aligned to a work breakdown structure and are included in the SOW)

Pre-Bid Meeting: Yes No Mandatory: Yes No

Bonding Required: Yes No Bond Type (performance, bid, etc): _____

Davis Bacon Required: Yes No

Buy America Required: Yes No

Other special provisions required for solicitation? If yes, describe below. If no, enter N/A.

Liquidated Damages/Retainage: _____

Previous/Current Contract Number: _____ Expiration Date: _____

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Budget and Funding Information

Funding Source? Please specify Funding Type (COUNTY, FEMA, FAA, FTA, FDOT etc.):

If Grant funded, provide grant title/number: _____

If Grant not awarded/final, describe solicitation status and/or funding options:

Grantor approval/concurrence required before advertising or at contract approval process?

Yes____ No____ N/A____

Project Number, if applicable: _____

Department	Account Number	Amount
Estimated Budget		

Independent Cost Estimate (ICE) accomplished and provided? Yes____ No____

(Independent Cost Estimate, if required, due prior to solicitation deadline.)

Scope of Work Development

Intent/Scope of Work Summary Statement (Attach Word® format document if required):

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Other Requirements

Specify Insurance Requirements: _____
(Choose from the risk management template choices)

Specify Terms of Resulting Contract/Agreement: _____
(Term of performance - usually 3 years with two 1 year renewals)

Consultant assisting with Scope of Work, Cost Estimate, or providing supporting documents for solicitation? Yes ___ No ___ Consultant Name: _____

IT requirements: ___ Yes ___ No. If yes, please have IT sign off on scope prior to submittal to Purchasing. _____

Potential Vendors for Project

Purchasing Use Only

Approved for Advertising: _____ Date: _____
Signature

Assigned to: _____

Solicitation Number: _____