TRANSMITTAL FORM TO REQUEST A DISQUALIFICATION REVIEW

A Request for a Disqualification Review must be received by the County by the date specified in the Non-Responsive Letter

<table>
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<tr>
<th>Vendor Name:</th>
<th>Date of Request:</th>
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<tbody>
<tr>
<td>Project Title:</td>
<td>Project No.</td>
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As stated in the Disqualification Letter, I am requesting a Disqualification Review. I understand that this request must be received by the County by the **date specified in the Non-Responsive Letter**.

I have attached my detailed letter and all necessary documentation in response to each non-responsive issue that was stated in the Disqualification Letter.

Request submitted by:

(Name) __________________________ (Title)

For County use only

<table>
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<tr>
<th>Date Transmittal Received by County:</th>
<th>Date Request Due:</th>
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Reviewed by:

Results of Review - Comments:

Date Response sent to Vendor: __________________
NOTICE OF INTENT TO REQUEST A PROPOSED CONTRACTOR SELECTION REVIEW

Vendor Name: _______________________________  Date of Request: _______________________________

Solicitation Title: _______________________________  Solicitation No. _______________________________

The above-referenced vendor is a bidder/proposer with respect to the above-referenced solicitation. Vendor notifies the County of its intent to request a Proposed Contractor Selection Review (PCSR).

Once the department has completed contract negotiations with the selected proposer, the department will provide each vendor that has timely submitted a Notice of Intent to Request a PCSR an opportunity to request a PCSR. Vendor understands that this Notice of Intent to Request a PCSR must be received by the County by [insert deadline] in order for the vendor to be provided such an opportunity.

Vendor □ requests □ does not request copies of the recommended proposer's proposal and corresponding evaluation documents when available for release. Vendor understands that copies of the recommended proposer's proposal and corresponding evaluation documents will be provided by the department at such time as the department provides each vendor that has timely submitted a Notice of Intent to Request a PCSR with instructions for requesting a PCSR.

Notice submitted by:

______________________________________________     _______________________________
(Name)                                                                                      (Title)

For County use only

Date Notice Received by County:________________________
TRANSMITTAL FORM TO REQUEST A RFSQ
PROPOSED CONTRACTOR SELECTION REVIEW

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The above-referenced vendor, a proposer with respect to the above-referenced solicitation, is requesting a Proposed Contractor Selection Review based on the assertions shown below. Vendor understands that this request must be received by the County within [insert number of days] of the Debriefing Meeting.

Vendor asserts that the vendor's response to the solicitation should have been determined to be the highest-scored proposal because of one or more of the following reason(s):

- Department materially failed to follow procedures specified in its solicitation document
- Department made identifiable mathematical or other errors in evaluating proposals
- A member of the Evaluation Committee demonstrated bias in the conduct of the evaluation
- Another basis for review as provided by state or federal law, explain below:

Vendor must provide detailed factual support for each reason checked above. The support must be sufficiently detailed to demonstrate that, but for the reasons checked above, the vendor would have been the highest-scored proposer. Provided the other criteria specified in this Transmittal Form are satisfied, the vendor may include assertions with respect to the vendor's proposal and/or with respect to the recommended proposer's proposal. (Attach additional pages and supporting documentation as necessary.)

Request submitted by:

(Name)                      (Title)

For County use only

Date Transmittal Received by County: ____________ Date of Debriefing Meeting: ____________

Reviewed by:

Results of Review - Comments:

__________________________

__________________________

Date Response sent to Vendor: __________________
For the reasons stated in the above-referenced vendor’s Transmittal Form to Request a Proposed Contractor Selection Review (PCSR) and any permissible additional reasons stated below, the vendor is requesting a County Review Panel. Vendor understands that this request must be received by the County by the date specified in the department's response to the vendor's PCSR.

In addition to the reasons stated in the vendor's PCSR, the vendor asserts that the vendor's response to the solicitation should have been determined to be the lowest cost, responsive and responsible bid because of one or more of the following reason(s):

- Department materially failed to follow procedures specified in its solicitation document
- Department made identifiable mathematical or other errors in evaluating proposals
- Another basis for review as provided by state or federal law, explain below:

Vendor understands that these additional reasons will only be considered at the County Review Panel Meeting if the vendor demonstrates that these additional reasons arose out of the department's response to the vendor's PCSR.

Vendor must provide detailed factual support for each additional reason checked above. The support must be sufficiently detailed to demonstrate that (i) but for the additional reasons checked above, the vendor would have been the lowest cost, responsive and responsible bidder and (ii) such additional reasons arose out of the department's response to the vendor's PCSR. Provided the other criteria specified in this Transmittal Form are satisfied, the vendor may include assertions with respect to the vendor's bid and/or with respect to the recommended bidder's bid. (Attach additional pages and supporting documentation as necessary.)

Vendor further understands that only the items referenced in this Transmittal Form will be considered at the County Review Panel Meeting. Vendor has included all documents and other material needed to support the assertions.

Please check one:
- I will have legal counsel at the County Review Panel Meeting
- I will not have legal counsel at the County Review Panel Meeting

Request submitted by: __________________________________________

(Full Name)  (Title)

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Reviewed by:

Date request submitted to the ISD to convene a Panel:

Date of County Review Panel Meeting:

Date report due from Panel:

Date report sent by Department to Vendor: ____________________

Results of Panel Report:  □ Protest Denied  □ Protest Valid

Comments