

TRANSMITTAL TO REQUEST A SOLICITATION REQUIREMENTS REVIEW

**REQUEST FOR SERVICES BID NO. DMH072516B1
LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX AND 2-SPIRIT
TRANSITION AGE YOUTH PREVENTION SERVICES**

Proposer Name:	Date of Request:
Project Title:	Project No.

A **Solicitation Requirements Review** is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): *(check all that apply)*

- Application of **Minimum Requirements**
- Application of **Evaluation Criteria**
- Application of **Business Requirements**
- Due to **unclear instructions**, the process may result in the County not receiving the best possible responses

I understand that this request must be received by the County within **10 business days** of issuance of the solicitation document.

For each area contested, Proposer must explain in detail the factual reasons for the requested review. *(Attach additional pages and supporting documentation as necessary.)*

Request submitted by:

_____ (Name) _____ (Title)

For County use only

Date Transmittal Received by County: _____ Date Solicitation Released: _____
Reviewed by: _____
Results of Review - Comments: _____ _____
Date Response sent to Proposer: _____