BID AWARD RECOMMENDATION FORM

| From: | Purchas | ing Division | Jeff Englis | sh | | D | ate | 12/18/17 | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------------------------|---------------|---------------|-----------------------|-----------|--------|-------------|----------------|--|
| To: _ | Public W | orks/Streets | | Depart | ment | Attn.: | Mic | hael Carter | Minte | |
| Subjec | et: Bid N | o. E-02-18 | | Item/service: | Asphalti- Contract | | ete Pa | avement Sur | facing, Annual | |
| Attached is the Bid Tabulation for subject item/service requisitioned by your department. Please complete this form in order that proper presentation and recommendations may be made to the City Commission for its approval, as appropriate. Your response should be typed. Please return this form to the Purchasing Division within three weeks of receipt. | | | | | | | | | | |
| This form must be accompanied by a memorandum explaining the item/service to be purchased, what it will be used for, stating that it is either a replacement or an additional item, and any other pertinent information which might be requested by the City Commission. This memo should also contain a detailed justification if you are rejecting a low bidder (see below). | | | | | | | | | | |
| 1. | SOURCE OF FUNDS: | | | | | | | | | |
| Budgeted Code: 302-7303-541-65.12 | | | | | | | | | | |
| Title: Road Resurfacing Program | | | | | | | | | | |
| 2. | RECOMMENDATION: | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | Weekley Aspl | nalt Paving, | Inc. | | | | | | |
| | (b) Is the recommended bid the lowest bid received? | | | | | | | | | |
| | | Yes X | No | | | | | | | |
| | | lote: If you re urnished for re | | | | | | | tion must be | |
| | (c) I | f references we | ere required, | were they cho | ecked? | | | | | |
| | | Yes X | No | | Not applica | ble for t | his bi | d | | |
| Signatu | re: R | Shest AME | Caugh | 9 | | Date: | _\ | 2/29/ | 17 | |
| Γitle: | () | | | | | | | | | |