

# 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. \_\_\_\_\_

**Newspaper Requirements:** *All formal solicitations are required to be advertised in the newspaper.*  
Please provide the **Dept Number** for charges \_\_\_\_\_.  
Legal Advertisements are charged to budget account 549901 or you may have us charge \_\_\_\_\_.

### Potential Vendors for Project

\_\_\_\_\_  
\_\_\_\_\_

### Purchasing Use Only

Approved for Advertising: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Assigned to: \_\_\_\_\_

Solicitation Number: \_\_\_\_\_