

**RFP/RFQ AWARD RECOMMENDATION / INTENT TO AWARD**

To: Dennis Stone, Employee Benefits Coordinator

From: Procurement Specialist: Richard Ewell

Date: 08/27/13

RFP #: 745-11264

Item/Service: Group DHMO & DPPO Dental Plan Benefits

Attached is a tabulation for subject items/services requisitioned by your department. Please complete the applicable portions of this form in order that proper presentation and recommendations may be made. Please return this form to the Procurement Specialist as soon as possible.

**1. PROCUREMENT COMMENTS:**

Commission approval required.

**2. RECOMMENDATION:**

A. Which proposal do you recommend? Humana Dental

B. Does this meet specifications as per your request and as advertised? YES  NO

If No, is the variance considered: MINOR or MAJOR

Explain:

C. Is the recommendation the highest ranking firm? YES  NO

PRINT NAME Averill Dorsett  
Department Director or designee

SIGNATURE [Signature]  
Deputy Director of Finance

SIGNATURE [Signature]

DATE 9-3-13

DATE 9/4/13

**3. PROCUREMENT ACTION/RECOMMENDATION(S):**

THIS FORM MUST BE COMPLETED AND RETURNED TO THE PROCUREMENT SERVICES DIVISION FOR ALL AWARD RECOMMENDATIONS OF \$10,000 AND ABOVE.

FOR AWARD RECOMMENDATIONS REQUIRING COMMISSION AWARD APPROVAL, SUBMIT THIS FORM NO LATER THAN THREE (3) WEEKS PRIOR TO THE PUBLISHED COMMISSION AGENDA ITEM DEADLINES FOR PURCHASING ITEMS.

*Posted 9-4-13*

Over \$10,000 YES  NO