

**Department of Administration  
Administrative Services Division**

**RFP Evaluation Committee Worksheet**

**C O N F I D E N T I A L**

Please utilize tab key to navigate to input fields. When completed, print, and obtain the appropriate authorizing signature and date approved. Submit the scanned or PDF version of worksheet through the ASD Business website by selecting "Competitive Selection Request".

<b>Date this form completed</b> (mm/dd/yyyy):	
<b>Requesting Agency Name:</b>	
<b>Agency #:</b>	<b>Budget Account #:</b>
<b>RFP title:</b>	

**Evaluation committee members must be approved by the Division Administrator.**

Provide member name and title; agency name and address; phone and fax number; and email address. Per NAC 333.162, each committee to evaluate proposals must contain members that represent at least two (2) using agencies and the division administrator will not appoint a member to a committee to evaluate proposals who possesses direct supervisory authority over a majority of the other members of the committee. ASD cannot assist with appointment of committee members.

<b>Committee Member</b>	<b>Title</b>	<b>Agency Name and Mailing Address</b>	<b>Phone #</b>	<b>Fax #</b>	<b>Email Address</b>

**The above Evaluation Committee members are approved for this RFP:**

\_\_\_\_\_  
Print Division Administrator Name and Title

\_\_\_\_\_  
Division Administrator - Signature

\_\_\_\_\_  
Date