Department of Administration Administrative Services Division

RFP Evaluation Committee Worksheet

CONFIDENTIAL

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".

| Date this for | m completed | (mm/dd/yyyy): | | | |
|---|--|--|---|--|-----------------------------------|
| Requesting A | Agency Name: | | | | |
| Agency #: | | | Budget Account #: | | |
| RFP title: | | | | | |
| Evaluation co | mmittee mem | bers must be approve | d by the Divisio | n Administrat | tor. |
| address. Per lithat represent member to a communication | NAC 333.162, at least two (2 committee to e ty of the other | title; agency name and a each committee to eva 2) using agencies and the evaluate proposals who members of the commi | luate proposals ne division admin possesses direct | nust contain mo istrator will no supervisory aut | embers of appoint a thority |
| Committee Member | Title | Agency Name and Mailing Address | Phone # | Fax # | Email Address |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | mittee members are a Name and Title | pproved for this | s RFP: | |
| Division Admi | nistrator - Sign | nature | Date | | |