OMB Control No. 0610-0096 Expiration Date: xx/xx/20xx

## ECONOMIC DEVELOPMENT ADMINISTRATION

## **EQUIPMENT - REQUEST FOR PROPOSAL CHECKLIST**

	A Award Number:		Date:			
Rec	ipient:					
Co-	recipient(s):					
Rec	ipient's Authorized Representati	ve:	Name & Phone Number			
_			Name & Pnone Number			_
wil	s EDA Equipment - Request for portion begin on povide additional information):	on(s) of the project. Ten	ntatively, the advertisemer			
	1)					
	2)					
	3)					
The	request for proposal(s) will be d	lue days la	ter on		, as 1	equire
by:	state (or local) law. The most cu					1
by	Equipment Description			Equip	urrent oment stimate	t Cost
by		rrent cost estimate(s) are  EDA Eligible	* Non-EDA	Equip	ment	t Cost
		EDA Eligible Amount	* Non-EDA Eligible Amount	Equip Es	ment	t Cost
Equipn	<b>Equipment Description</b>	EDA Eligible Amount  \$ Project and do not include EDA	* Non-EDA Eligible Amount  \$ 4 funds nor local match funds.	Equip Es	oment stimate	Cost
Equipn 1.	Equipment Description  nent components not part of the EDA Grant	EDA Eligible Amount  \$ Project and do not include EDA st estimate has been sub- rement procedures with ent has been found to be	* Non-EDA Eligible Amount  \$ A funds nor local match funds.  which the request for ein compliance. The	Equip Es \$	oment stimate	Cost

4. All evaluation factors and their relative importance have been identified in the

RFP.

N	N	NA
	-	

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