

**ECONOMIC DEVELOPMENT ADMINISTRATION  
 EQUIPMENT – PROPOSAL EVALUATION/SELECTION CHECKLIST**

EDA Award Number: \_\_\_\_\_ Date: \_\_\_\_\_

Recipient: \_\_\_\_\_

Co-recipient(s): \_\_\_\_\_

Recipient's Authorized Representative: \_\_\_\_\_  
*Name & Phone Number*

The proposed recommended vendor is: \_\_\_\_\_

<b>Equipment Description</b>	<b>Proposal Amount</b>	<b>EDA Eligible Funding</b>	<b>* Non-EDA Eligible Funding</b>	<b>Current Equipment Cost Estimate</b>
	\$	\$	\$	\$

*\* Equipment components not part of the EDA Grant Project and do not include EDA funds nor local match funds.*

- |  | Y | N | NA |
|--|---|---|----|
| 1. All Special Award Conditions that are required prior to awarding the request for proposal have been met.  |   |   |    |
| 2. Requests for proposals were publicized and all evaluation factors and their relative importance were identified therein. Any responses to publicized requests for proposals were honored to the maximum extent practical.   |   |   |    |
| 3. Proposals were competitively solicited from an adequate number of qualified sources (normally it is sufficient to secure at least three proposals from qualified sources). If less than 3 qualified proposals were secured, attach an explanation to this document. |   |   |    |
| 4. The Recipient used an objective method for conducting technical evaluations of proposals received and for selecting the best proposal, price and other factors considered.  |   |   |    |
| 5. The Recipient has determined the responsible vendor whose proposal is most advantageous to the program, with price and other factors considered.  |   |   |    |

*Equipment Proposal Evaluation/Selection Checklist*

Y	N	NA
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- |  |   |  |  |  |
|--|---|--|--|--|
| 6. The following documents are enclosed for EDA’s review:  |   |  |  |  |
| a. Affidavits of Publications, or other document of the RFP distribution   | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| b. Tabulation of proposals   | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| c. Proposal of recommended vendor  | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| d. Justification of award if other than lowest proposal  | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| 7. The Recipient has checked the website <a href="http://www.SAM.gov">www.SAM.gov</a> and has verified that the vendor does not appear on the Excluded Parties List.   | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| 8. If an overrun has occurred, enclosed is evidence that the Recipients’ has additional funds available (include source and date of availability).   | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |
| 9. The grantee acknowledges that funds or interim loans are available and verifies that the vendor(s) will be paid (in full) until EDA funds are available for reimbursement of incurred and approved costs. | <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> |  |  |  |
|  |   |  |  |  |

\_\_\_\_\_  
**Prepared By (Signature)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Prepared By (Typed or Written Name & Title)**