

SELECTION TEAM ACTION SHEET

INSTRUCTIONS: Project Manager review page one and two and complete. Submit to MDOT-CSD-Selections@Michigan.gov with Form 5100C, Form 5100C-BV, or 5100C-MP (Score Sheet) as applicable. Page two to be completed by Project Manager for selections under \$250,000 and 100% state funded Expedited Process. **MUST BE COMPLETED ELECTRONICALLY.**

TYPE OF SELECTION:	EXPEDITED PROCESS QBS	TIER I LOW BID	TIER II BEST VALUE	TIER III BEST SOURCE/RESEARCH
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SERVICE DESCRIPTION		CONTROL SECTION		REQ. NUMBER
		JOB NUMBER		PE/CE ESTIMATE
LOCATION (<i>Route and TSC/Region</i>)	SELECTION TERM (<i>Start & End of Project</i>)		JOB NUMBER	PE/CE ESTIMATE
ESTIMATED TOTAL COST	ESTIMATE HOURS	COST PROPOSAL AT END OF EA YEAR FOR AS NEEDED? YES NO	JOB NUMBER	PE/CE ESTIMATE
ESTIMATE PER VENDOR	DBE GOAL REQUIREMENT %	POTENTIAL VENDOR CONFLICT OF INTEREST? NO YES (Explain if checked) _____		
MEMBERS OF SELECTION TEAM (<i>List names and titles</i>)		PRIMARY PREQUALIFICATION CLASSIFICATION(S)		
		SECONDARY PREQUALIFICATION CLASSIFICATION(S)		

ADVERTISED (RFP) INFORMATION

Tier I - List all submitting vendors. Note: Vendors that do not respond or decline to submit must be listed on page two under Other Vendors. Tier II, and III - List all submitting vendors by score. Best Value and Low Bid - List all submitting vendors and include score/dollar amount of bid. Use additional sheets if necessary.

VENDOR NAME	SELECTED VENDOR(S) (Check all that apply)	SCORE	BID
PROJECT MANAGER'S NAME	PHONE NUMBER	DATE SELECTION TEAM REVIEWED	

PROJECT MANAGER (*Please use dynamic stamp*)

INSTRUCTIONS: Complete this page (page 2) if selection is under \$250,000 or Expedited Process. Must be completed electronically.

SOLE/BEST SELECTIONS

JUSTIFICATION FOR BEST SOURCE

JUSTIFICATION FOR TIER I AND EXPEDITED PROCESS

List vendor names and describe what criterion was used to evaluate the vendors. All comments should provide a detailed description to clearly identify and support the selection and the application of the Brooks Act. The same criterion must be used for all vendors. Use additional sheets if necessary. Identify the Small Business Program (SBP) vendor(s)/Disadvantaged Business Enterprise (DBE) vendor(s) contacted for this selection. If none were contacted, please provide justification.

RECOMMENDED VENDOR

OTHER VENDORS

**SELECTIONS ANALYST REVIEW
REVIEW OF SCORING**

YES NO NA

WERE THE APPROPRIATE FIELDS FILLED IN WITH A SCORE?
 DO DIFFERENCES IN SCORES BETWEEN VENDORS SEEM JUSTIFIED BY
 COMMENTS PROVIDED?
 WERE THE FIELDS CORRECTLY FILLED?
 WERE THE SCORES CORRECTLY TOTALLED?

COMMENTS FROM SELECTIONS ANALYST *(Any "No" in scoring review must be explained)*

SERVICE TYPE <i>(Select one)</i> : Aeronautics Construction Services Design Services Multi-Modal Environmental Services Research Services Specialty Services Transportation Planning	OVERSEEING REGION, TSC, or CENTRAL OFFICE AREA
SELECTIONS ANALYST <i>(Please use dynamic stamp)</i>	DATE

**CENTRAL SELECTION REVIEW TEAM ACTION
 TIER I, TIER III AND EXPEDITED PROCESS PROJECTS ONLY
 REGION ENGINEER/ADMINISTRATOR ACTION -TIER II PROJECTS ONLY
 (Check one)**

APPROVED
 APPROVED SUBJECT TO ACTION*
 NOT APPROVED

*Action to be explained and sent to the Selections Analyst.

CENTRAL SELECTION REVIEW TEAM COMMENTS *(Tier I, Tier III and Expedited Process Projects Only)/*
 REGION ENGINEER/ADMINISTRATOR COMMENTS *(Tier II Projects Only)*

CENTRAL SELECTION REVIEW APPROVAL <i>(Tier I, Tier III and Expedited Process Projects Only)/</i> REGION ENGINEER/ADMINISTRATOR APPROVAL <i>(Tier II Projects Only)</i>	DATE
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CENTRAL SELECTION REVIEW TEAM MEMBERS PRESENT

Larry Doyle	Patrick McCarthy	Mark Sweeney
Karen Faussett	Carol Rademacher	Lisa Thompson
Jason Gutting	Bob Ranck	Alissa VanHoof
Erick Kind		