**CLASS 885 NEGOTIATED CONTRACT EVALUATION FORM**

**COMMODITIES COVERED: Water Treatment Chemicals**

**CONTRACT PERIOD: 10/01/23 through 09/30/24**

**Contract Analyst: Shakrita Fields** **“RENEWAL”**

**COMPANY NAME:**

**COMPANY ADDRESS:**

**CONTRACT TO BE SENT TO:**

**IS VENDOR ON SUSPENDED/CANCELED LIST? YES \_\_\_\_\_\_\_ OR NO \_\_\_\_\_\_\_**

**SUPPLIER NUMBER:**

**RFX NUMBER: 3130001801**

**CONTRACT NUMBER:**

**SMART CONTRACT NUMBER:**

**RESPONSE NUMBER:**

**DATE PROPOSAL SUBMITTED IN MAGIC OR RECEIVED IN OPTFM:**

**DATE OF PROPOSAL LETTER:**

**DATE APPROVED BY ANALYST:**

***INFORMATION FOR EMAIL***

Your new State of Mississippi Contract Agreement for Water Treatment Chemicals is attached for your signature. Please sign and return no later than three (3) business days Daphne Baker at [Daphne.Baker@dfa.ms.gov](mailto:Daphne.Baker@dfa.ms.gov) . Once the contract is executed, it will be posted to our website at https://www.dfa.ms.gov/negotiated-contracts.

If you have any questions, please contact Shakrita Fields at [Shakrita.fields@dfa.ms.gov](mailto:Shakrita.fields@dfa.ms.gov) .

**CONTACT PERSON’S NAME, EMAIL AND PHONE NUMBER:**

***INFORMATION FOR CONTRACT***

**Transportation Terms: All freight and shipping costs are the responsibility of the Vendor and are not reimbursable. All items must be transported F.O.B. Destination. No surcharges or any other fees of any kind are allowed.**

**Payment Terms: MS Code Section 31-7-305(3) allows a state entity to pay invoices within 45 days without penalty.**

**ORDERING INFORMATION:**

**Please place all orders under this agreement with the following:**

A list of authorized dealers/distributors is included with this contract.

***NEGOTIATED CONTRACT EVALUATION/REVIEW FORM***

Reviewing Analyst: Date Submitted:

Reviewing Analyst should review for at least the following: (If unsure about any part of the contract, return to responsible Analyst for clarification.)

\_\_\_\_\_\_If Renewal, purchase summary is included. **Total Amount:** **$**

\_\_\_\_\_\_ Basis of evaluation typed and understandable. (i.e., equal to GSA, discount from list comparable to other comparable contracts, price/discount, increase/decrease.)

\_\_\_\_\_\_ Product literature is in Magic submitted proposal.

Reviewing Analyst

(Please Initial) \_\_\_\_\_\_\_\_ Returned with Questions \_\_\_\_\_\_\_\_\_\_\_ Date Returned \_\_\_\_\_\_\_\_\_ Approved

Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If approved, forward to Director)

Director’s Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contracts must be approved by Director prior to being submitted to clerical staff**

Date Checked By Final Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date Email With Contract to Be Signed Sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin. Initials: \_\_\_\_\_\_\_\_\_\_\_\_

Date Second Email With Contract to Be Signed Sent: \_\_\_\_\_\_\_\_\_ Admin. Initials: \_\_\_\_\_\_\_\_\_\_\_\_

Date Signed Contract Was Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Admin. Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_