

Recommendation for Award

Clear Form

Date: _____

Council Meeting Date

ARF Deadline

To: _____

From: _____

cc: _____

Title: _____

cc: _____

Department: _____

Account #

Account Name:

Name of Project

Solicitation Number

Background

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Analysis of Award

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List of Respondents

Recommendation

Company Name	Award Amount
Company Name <i>(if more than one award)</i>	Award Amount

Approved by:

Signature

Title:

Director or Assistant Director of Department