IFB Evaluation Summary Form

INSTRUCTIONS: *Place an* ***"X"*** *in the appropriate box - pass or fail. Insert the* ***"Company Name"*** *in the Bidder boxes.*

Bidder Responsibility and Bid Responsiveness Criteria	**Bidder:**		**Bidder:**		**Bidder:**		**Bidder:**	
	Pass	***Fail***	***Pass***	***Fail***	***Pass***	***Fail***	***Pass***	***Fail***
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Total Estimated Contract Cost								

Company recommended for contract award: ______________________________

This form is for use by the SFA and should ***not*** be included with the Invitation for Bid and Contract documents. The criteria listed on this form ***must*** align with the criteria listed in the IFB. This completed form ***must*** be submitted to the Illinois State Board of Education Nutrition Department along with the Step 2 Pre-Contract Award Summary Sheet and other required documentation outlined within the Pre-Contract Award Summary Sheet following the bid opening and ***prior to the contract award***. Duplicate this page as necessary.

Print Reset Form