

DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
SOLICITATION BRIEF

ITB / ITN / RFP # : _____

Purchasing Manager: _____

Description: _____

Commodity Code(s): _____

Due Date & Time: _____ Addenda as of Award Date: _____

Award Date: _____ Award Price: \$ _____

Contract Manager: _____

Name

Phone

Begin Date: _____ End Date: _____

Original Term: _____ Renewal Term: _____

Proposal Bond: Required / Amount \$ _____ Not Required Returned

Performance Bond: Required / Amount \$ _____ Not Required

Performance Bond Term: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

Phone #: _____ Email: _____

Contract Manager / Contact: _____

Notes: _____
